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18 MARCH 1987

Worldwide Report

EPIDEMIOLOGY



FOREIGN BROADCAST INFORMATION SERVICE

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18 MARCH 1987

WORLDWIDE REPORT

EPIDEMIOLOGY

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GULF STATES WAGE QUIET CAMPAIGN AGAINST AIDS

Amman JERUSALEM STAR in English 24 Dec 86 p 24

[Article by Roderick Smith]

[Text] AIDS IS today a four-letter word for sexual terror. Pessimistic experts predict the dawn of a new world health holocaust. By 1990, they say, 100 million in Africa will carry the killer disease, 375,000 could die in New York alone and more than 1 million might be infected in the United Kingdom.

But, in the heart of Arabia, the mood is one of quiet vigilance, rather than reaction to crisis.

By November, when dire warnings ignited a multi-million pound sterling British government campaign against the Acquired Immune Deficiency Syndrome, Arab Gulf state authorities had been quietly taking tough action for more than one year. Back in October 1985, Saudi Arabia started screening local donors and imported blood supplies for Aids, a virus which effectively hijacks the human body's central defences, in particular the T4 white blood cells, destroying immunity to disease.

Dr Abdul Rahim al-Sowailem, assistant undersecretary for curative medicine in the Health Ministry, announced that a scientific committee had begun studying ways of preventing the spread of Aids which can lie dormant for 20 years or more provoking no symptoms to reveal its presence but rendering its carrier infectious. The organization of the anti-Aids campaign in the heart of Arabia compared favourably with the one only just launched in Britain. Even as British government ministers were announcing that explicit leaflets would be sent to every UK

household, warning of Aids dangers, health officials were protecting that neither budget nor facilities existed to treat the virus, spread largely through sexual contact or an exchange of blood.

In Saudi Arabia, as in other Arab Gulf states which include Kuwait, Bahrain, Qatar, the Sultanate of Oman and the United Arab Emirates, actual measures to contain Aids were co-ordinated with the circulation of health information. As a high-level committee studied prevention methods, the Kingdom told hospitals to accept imported blood only if accompanied by a certificate confirming supplies were Aids-free.

Simultaneously, officials, such as the director of Al-Mahjar Hospital, Jeddah, Dr Abubaker Badahdah, called for a raising of the general awareness of the importance of blood donations. Religious leaders, scholars, writers and artists were urged to lead campaigns to educate the public. Saudi hospitals, Dr Abubaker pointed out, had to strive for more blood donations in the face of growing dangers of imported blood because of spreading killer diseases in many parts of the world.

Imams (religious leaders) were invited to publicize the advantage of blood donation, and that it was harmless and compatible with the Sharia (Islamic law) during Friday sermons at the mosques.

By March this year, Eastern

Province Governor Prince Muhammad bin Fahd was inaugurating a seminar on Aids at the Secondary Health Institute for Boys in Dammam. More than 500 doctors discussed lessons learned by the Health Ministry and then answered questions from the floor. Dr Sami Al-Sagar, Director General of Health Affairs in the province, said no cases of Aids had been reported in the province.

That is not to say that the Arabian Peninsula is Aids-free. An unconfirmed report suggests a woman in Abu Dhabi contracted the virus after a transfusion at the Emirates's Corniche Hospital from blood imported from the United States before anti-Aids measures took effect. Dr Kazem Behbehani, who organized the first Middle East conference on Aids in Kuwait, pointed out there were no firm figures for the whole of the East Mediterranean region spanning 20 North African and eastern countries from Tunisia to Pakistan and including the Arab Gulf.

"Officially," he said, "we don't know. There have been five or six cases reported in the newspaper. In some countries, like Afghanistan, they have no way of testing. They don't even know."

In the wake of the conference safeguards in Arabia were tightened to include limits on use of blood in medical therapy, screening of blood banks and a bar on high-risk groups donating blood. Priority was given to setting up three Aids research centres — one in Kuwait. Last year officials in Bangkok reported that Saudi insistence on Aids testing prior to granting work visas was delaying the departure of thousands of Thais for the Kingdom. About 180,000 Thai workers are temporarily in Saudi Arabia providing manpower for construction-related projects.

In January, Saudi Arabia confirmed that the new Aids rules would not affect people travelling on visit visas or anyone travelling to Saudi Arabia from the Arab Gulf. "They affect people applying for work visas from outside," a spokesman for the Saudi embassy in Bahrain explained.

But how long can such measures keep Arabia virtually Aids-free?

Dr Abdulla Al-Baqer, head of surgery at Hamad hospital in Doha, capital of Qatar, told a conference in Bahrain that no country in the world was safe from Aids. "We should be well prepared to face the menace in the Gulf," he warned.

Qatar illustrates the advantages the Arab Gulf states have over many other countries in preventing the spread of Aids. The country has a population of only around 300,000 of whom an estimated 250,000 are expatriate workers from Asia, the West or Arab countries. Expatriates have to undergo a rigorous medical on arrival to take up a post. And Qatar now has the latest Aids-screening equipment.

Also, while there is a certain level of social contact between different ethnic groups, there is a tendency for Arab, Indians and British, for instance, to lead separate lives. Entertainment, especially for most expatriates, revolves mainly around the home. Single working girls are rare and usually on parents' visas. This set-up, plus the separation of the sexes among the Islamic nationals, means that Western-style heterosexual promiscuity is negligible. In the whole of the six Arab Gulf Co-operation Council states the population is not much more than 17 million. Decisions can also be implemented by decree rather than after a lengthy democratic process.

There are already strict health controls on the millions of workers imported to build and maintain modern infrastructure in the wake of the oil boom which transformed the Gulf in the late 1960s and early 1970s. Even Saudi Arabia, with by far the largest population of more than 12 million, including 3.25 million or so expatriates, has not found it difficult to introduce screening and additional tests. With more than 1,250 health centres and hospitals, and a ratio of one doctor to less than 700 people, the Kingdom also has the facilities and personnel to provide treatment if necessary.

That is probably why, when Britain was grappling with the probability that around 40,000 might be infected with the Aids virus, and

the USA with figures suggesting 1.5 million-plus might be contaminated, the Kingdom was talking in terms of a very few possible cases. German expert Dr Lutje J. Behrken told a Jeddah seminar in February that the Kingdom was virtually free from Aids.

Two cases, though, had been reported in Science magazine. That compared, then, with 411 officially registered cases in Canada, 466 in France, 350 in West Germany and 257 in Great Britain. Such figures may seem small in stark talk of a world-wide health holocaust. But confirmed figures are thought to be only the tip of the Aids iceberg.

Dr Meade Morgan, chief statistician at the Centre of Disease Control (CDC) in Atlanta, Georgia, says the 1.5 million figure for the US is an informed guess estimate. He could not argue with anyone who said that 3.5 million or more people might be carriers of Aids. The spread of Aids from homosexual and intravenous drug-taking communities into the heterosexual population at large, and the likely absence of any cure for decades, worries health authorities everywhere.

Experts also point out that the incidence of Aids is doubling every 10 to 12 months.

The Gulf Arab is still at risk through modern air travel. Popular holiday spots in the Far East in-

clude the fleshpots of Manila and Bangkok. European destinations such as Amsterdam, London and Hamburg offer what today could translate into fatal temptations for Gulf Arabs away from home. For months now religious leaders have been stressing the advantages of the Gulf Arab holidaying at home and avoiding the contamination of "slacker" Western moral values.

The battle to keep Aids out of Arabia will prove much easier for the Arab Gulf states than for some Asian countries where poverty means syringes are used and reused, or the United States where sexual licence in cities such as New York and San Francisco have given the virus a worrying hold. But Aids may, even now, be gaining a foothold in Arabia through those succumbing to temptation in the world's vice districts, be they expatriates on holiday or nationals abroad on business.

The Arab Gulf already has stricter controls than most states on which to base anti-Aids measures. It also has cash resources, modern medical equipment and facilities, strictly controlled immigration, and a strong extended family structure which discourages casual sex.

But it is still in the balance whether tough measures will be enough to keep Aids out of Arabia.

/13104

CSO: 5400/4512

MINISTER INAUGURATES PATHOLOGICAL SOCIETY MEETING

Dhaka THE NEW NATION in English 28 Dec 86 p 2

[Text]

JOYDEBFUR, Dec 26 (BSS): Minister for Agriculture Mirza Ruhul Amin on Thursday called upon the plant pathologists to cooperate with the fieldlevel farmers to help minimise crop damage caused by diseases.

He was inaugurating the second biennial conference of Bangladesh Plant Pathological Society at the Bangladesh Rice Research Institute.

The Minister said, that one of the major setbacks to achieving production target in agriculture sector was the crop damage caused by insects, pests, fungal and viral diseases. He, however, said that the drop in annual crop production due to diseases ranged from 15-20 per cent was in no way conducive to attaining targetted production.

The Agriculture Minister said that with the introduction of upazila system it had been possible to ensure supply of agricultural inputs to the growers level and it had brought considerable progress increasing crop productivity. But the population boom was a major obstacle in achieving food autarky, he said.

Referring to ignorance of farmers regarding disease identification and protection at field level, the Minister urged the scientists to render their expertise to the cause of farmers. Failing this, he said, the fruits of research findings would not bring significant change in the agriculture sector.

Presided over by President of Bangladesh Plant Pathological Society Dr Siddiq Ali Mia, the conference was addressed among others by Dr Hamizuddin Ahmed, Secretary of the society and Dr M A Mannan, Director General of Bangladesh Rice Research Institute.

INCREASED MALARIA INCIDENCE CREDITED TO MOSQUITOES

Dhaka THE BANGLADESH OBSERVER in English 17 Jan 87 pp 1, 8

[Text]

Mosquito menace has recently taken a serious turn putting the city dwellers to much inconveniences. Big mosquitoes in large numbers bite the city dwellers also during the day time. The invasion of mosquitoes becomes unbearable at night.

Students are the worst sufferers. They cannot sit to read at night due to continuous attacks of mosquitoes. Even in this winter some people are seen keeping the fans on to keep the mosquitoes away.

Even the Bangladesh Secretariat and posh hotels are not free from the mosquitoes. When the high officials use spray to keep their chambers free from mosquitoes the clerical employees have to work with mosquitoes.

Anti-mosquito measures are today virtually non-existent. Winter has always been the best time for cleanliness of drains and ditches—eradication of water-hyacinth from derelict ponds and marshes and spraying of mosquito oil. But mosquito continues to multiply its race to the great vexation and discomfort of the people. DMC from time to time announces programmes for eradication of mosquito. But most often such programmes remain confined within the file and papers as little progress is visible.

Any body visiting any house in any part of the city can find students either spreading mosquito curtains or burning coil for sitting in their study. Some affluent families use

spray which is imported and very expensive. Some families have to spend a big amount of their monthly budget for the procurement of oil spray. Taking advantage of the indifference of DMC some traders and importers are making money through sale of mosquito coil and spray.

Experience shows that even mosquito coil and spray cannot effectively control mosquitoes. Besides, spray of mosquito oil at dwellings and burning of coil are not free from health hazards.

Suggestions have come from the sufferers that ansars, scouts and students can be utilised in cleanliness drive to make the city free from mosquito menace. Continuous garbage clearance has to be ensured to keep the environment clean. There should be regular accountability of those responsible for the spraying of mosquito oil in drains and breeding places. The tax payers expect that DMC would ensure minimum civic facility by properly keeping it free from mosquito.

Many fall victim to malaria

With the growth of mosquito many people have started falling victims to malarial fever. Malaria is claimed to have been eradicated from the country. But doctors are of the opinion that with the increase of mosquito some peoples are falling victim to malaria.

Once the old part of the city was free from mosquito as there are neither ponds, nor marshes. The drains and ditches of the old part were regularly kept clean by the conservancy employees. But these days people there are probably the worst sufferers of mosquito menace. Suggestion has also come for launching of drive for creating awareness among the city dwellers for keeping their environment clean. DMC on its own alone cannot keep the city clean and all together should cooperate so that it gives the look of a metropolis, they feel.

An official of DMC when contacted, said that the city has been fast expanding and the limited number of conservancy staff find it difficult to cope with the situation. Stressing the need for increasing conservancy staff he sought the cooperation of the members of the public to keep the city and environment clean. He said that DMC has been trying to create awareness through frequent advertisements so that garbage are not dumped here and there.

The owners of ponds should keep their ponds clean, he said. DMC with its limited manpower and resources has been trying to keep the city clean but cooperation from the city dwellers is not available properly, he regretted. As regards mosquito menace he said that once the city environment is kept clean, the mosquito menace can be successfully tackled, he felt.

/9274

CSO: 5450/0081

BRIEFS

DIARRHEA IN GAZIPUR—Gazipur, 17 Jan--Diarrhoea has broken out in an epidemic form in Murapara Union under Rugganj upazila. Three persons have died of the disease and about 225 including some children have been attacked by the disease. The worst affected villages of the union are Darikandi and Ganganagar. The disease is now spreading speedily to the surrounding villages. No remedial or preventive measures have been taken by the local authority it is reported. [Text] [Dhaka THE BANGLADESH OBSERVER in English 19 Jan 87 p 7] /9274

CHOLERA OUTBREAK—Gaibandha, 10 Jan--Four men dies of cholera at Kamdia and Razahar unions of Gobindaganj upazila in the district of Gaibandha. It was reported that cholera has broken out in some unions of Gaibandha upazila. It is also reported that about 100 persons were attacked with cholera. The people urged upon the authority concerned to take up the matter seriously. [Text] [Dhaka THE BANGLADESH OBSERVER in English 11 Jan 87 p 7] /9274

CSO: 5450/0082

SECOND KNOWN VICTIM BECOMES FIRST AIDS FATALITY

Belize City THE REPORTER in English 18 Jan 87 p 1

[Text] MEDICAL AND HEALTH authorities this week confirmed they have positively identified a second case of AIDS - Acquired Immune Deficiency Syndrome.

The newest victim is a 29 year old Belize City male persons, believed to be one of a high-risk group, who died on Wednesday night, January 14 eight days after he was admitted to the Belize City Hospital. Funeral services are being held today, Friday.

This first person to die from AIDS in Belize was admitted to the Belize City Hospital a little more than a week ago suffering from symptoms suggesting tuberculosis. He was placed in an isolation ward and a hospital spokesman described his condition as "critical". Blood samples sent off to Atlanta for testing all showed positive identification.

A hospital spokesman informed the Reporter that if the victim's condition improved he would have been transferred to Belmopan, where the isolation facilities are better.

The second confirmed AIDS case in Belize has raised a red flag of concern, alerting health authorities to the probability that there may be many more cases of AIDS out there somewhere. The danger posed to others in the Belize community is therefore much greater than was at first anticipated.

Reports that the HIV virus has been found in blood samples taken from Orange Walk patients have been discredited.

Meanwhile health authorities now say the condition of the first AIDS patient, a 35 year old mother of eight, is much improved. If the patient continues to gain weight and show improvement, she may be released from hospital.

AIDS CLAIMS MORE LIVES: NEW STATISTICS RELEASED

Hamilton THE ROYAL GAZETTE in English 23 Jan 87 p 1

[Excerpt]

The killer disease AIDS claimed three lives during the past three months, Department of Health figures to the end of December show.

And four additional people have been diagnosed as suffering from the disease in the last six months.

The figures bring the total of AIDS (acquired immune deficiency syndrome) sufferers to 51 and the number of deaths from the disease to 34.

The new cases have slightly changed the statistical trends.

Intravenous drug abusers had accounted for 80 percent of cases in July, but by December had dropped to 78.4 percent.

Sexual partners of intravenous drug abusers suffering from the disease also decreased from 6.4 percent of the cases reported by July to 5.9 percent in December.

The percentage of

homosexuals with AIDS have risen to 9.8 percent, up from 8.5 percent of sufferers in July.

In July 1986 Health Minister the Hon. Ann Cartwright DeCouto warned most of Bermuda's needle-using drug addicts would die of AIDS in the next few years.

The figures — released quarterly — show almost all people with AIDS are between 20 and 49-years-old, and more than half — 56.8 percent — are between 30 and 39-years-old.

A total of 29.4 percent are between 20 and 29-years-old and 9.8 percent are between 40 and 49-years-old.

Only 2 percent of sufferers are over 50-years-old.

Males account for 80.4 percent of AIDS cases and 90 percent of the victims are black.

Only one child has been reported as suffering from AIDS.

/13046

CSO: 5440/061

AIDS INCIDENCE, PUBLIC EDUCATION, TESTING DISCUSSED

Rapid Rate of Increase Expected

Ottawa THE OTTAWA CITIZEN in English 21 Jan 87 p B8

[Article by Daniel Drolet]

[Text]

The National AIDS Centre says there have now been 847 confirmed cases of the deadly disease in Canada — an increase of 320 since the beginning of 1986.

Greg Smith, co-ordinator of the centre, predicts the number of new cases will continue to increase rapidly, adding 17 have been diagnosed since New Year's Day.

Smith warns the 303 reported so far for 1986 by the Canadian Laboratory Centre for Disease Control is only a preliminary figure, and guesses twice as many may actually have been diagnosed. New cases in 1985 totaled 305.

"We don't really expect there to be a levelling off," he said.

Of the 830 cases reported as of Dec. 31, 773 were in adult males, 40 were in adult females, 10 were in boys and seven were in girls.

Of those 830 people, more than half — 52.4 per cent — had already died. The most common form of infection is a type of pneumonia associated with AIDS.

More than 40 per cent of the victims were in their 30s, and the great majority — 82.3 per cent — were homosexual or bisexual males.

Smith said the predominance of homosexuals among AIDS victims will likely change as new cases are reported.

Because the incubation period for AIDS is so long — five years in many cases — Smith said the number of heterosexuals with the disease is likely to rise.

"We just had a situation where it hit the gay community first," he said.

"What we're seeing now is the first wave of infection. In another five years you might see a drastically changed profile."

Broken down provincially, Ontario has the largest number of AIDS cases in the country (310), followed by Quebec (257) and British Columbia (177).

But B.C., because it has so many fewer people than either Ontario or Quebec, has the highest rate of AIDS occurrence in the country: 61.3 cases per every million people, compared to 37.3 in Ontario and 31.0 in Quebec.

The national average is 32.7.

The most recent international statistics on AIDS show Canada has the third-highest rate of the disease in the world, after the United States and Haiti.

In the U.S. there were 121.9 cases reported for every one million people, compared to 77.1 for Haiti and 32.7 for Canada.

The Dominican Republic, which shares the island of Hispaniola with Haiti, has a rate of 22.1, while Switzerland and Australia report rates of 21.9 per million.

These figures are based only on confirmed, reported cases and Smith cautioned that they should be taken with a grain of salt since some countries, notably those in Africa, do not always report diagnosed cases.

AIDS destroys the body's natural ability to fight off diseases.

It is transmitted from one person to another through bodily fluids, notably blood and semen. Homosexuals, hemophiliacs and intravenous drug users are at a high risk of being infected because of their exposure to either sperm or blood and blood products.

There is no known cure and no one has ever recovered from AIDS.

British Columbia Incident Rising

Ottawa THE OTTAWA CITIZEN in English 27 Jan 87 p A4

[Text]

TORONTO (CP) — The incidence of AIDS is increasing dramatically in the province where it has traditionally been the highest — British Columbia.

The rate of the deadly disease in British Columbia has risen to 65.6 per million people, compared with 48.6 per million in October, officials for the Laboratory Centre for Disease Control in Ottawa said Monday.

The next highest rates are 39 sufferers of acquired immune deficiency syndrome per million in Quebec and 35 per million in Ontario. In October, the figures were 31.9 and 29.1, respectively.

It is not clear why the rate of the disease is about 60 per cent higher in British Columbia than anywhere else in the country.

But Dr. Martin Schechter, an epidemiologist at the University of British Columbia, says "the most plausible explanation is a higher percentage of risk-group members in British Columbia."

Although he has no statistics to prove his contention, Schechter believes there are more homosexual and bisexual men per capita in British Columbia than in the rest of the country.

Study Focuses on Women

Windsor THE WINDSOR STAR in English 28 Jan 87 p C10

[Text]

RED DEER, Alta. (CP) — The federal government is working on its first major research venture into the effects of the deadly AIDS virus on women, a health official said.

Greg Smith, co-ordinator of the National AIDS Centre in Ottawa, said the \$300,000 study involves 500 to 800 women in at least six major Canadian cities.

They will be surveyed on a voluntary basis starting in February about their lifestyles and sexual habits. They will also be asked to provide one sample of their blood to determine if the AIDS virus is present.

Women from Vancouver, Edmonton, Winnipeg, Montreal, Toronto and Halifax will be included, Smith said in an interview.

Researchers are targeting sexually active women, including prostitutes.

Although there has been research into the spread of AIDS, acquired immune deficiency syndrome, among men

and homosexuals, little is known about the risks the disease poses for women, Smith said.

"We can continue to gather information on behavior, particularly sexual behavior," he said.

"That may lead us to be able to give better advice on how to avoid and prevent infection. It will help sharpen our estimates about the general prevention and infection of people at large."

No cure has been found for the AIDS virus, which inhibits the body's ability to fight off infection. Most of its victims die within 14 months.

It is spread primarily by the exchange of bodily fluids such as blood or semen.

As of late last year, there had been 425 deaths among the 809 Canadians known to have AIDS. The people diagnosed with AIDS included 29 women, of whom 26 have died.

Ontario Mandatory School Instruction

Toronto THE TORONTO STAR in English 28 Jan 87 p A21

[Article by Denise Harrington]

[Text] Mandatory education about AIDS in all Ontario schools—including Catholic schools—will begin this fall.

Instruction on acquired immune deficiency syndrome will be added to the province's physical education and health curriculum, Education Minister Sean Conway said yesterday.

Schools boards will be able to decide how explicit the instruction will be. A separate program to accommodate the Roman Catholic viewpoint is expected to be approved.

"AIDS is an issue for our time," Conway told reporters. "It's a very serious medical and social concern. It must be dealt with."

Parents will retain a right they now have to withdraw their children from health and physical education instruction, he told reporters. Students themselves can also ask to withdraw on religious

grounds, once they reach age 16.

The education ministry curriculum now requires schools teach students at the same levels about sexually-transmitted diseases.

But local boards still decide, for example, if symptoms should be discussed or described in detail. The curriculum also says "appropriate value issues should also be considered."

Asked if schools will be forced to teach students about using condoms to prevent the spread of AIDS, Conway said:

"The guideline will be developed and it will be implemented by various school boards across the province with due regard to parental concerns and community sensitivity."

In Grades 9 or 10, "conception

control" is also in the curriculum, meaning boards, at their own discretion, may be teaching students about sexual abstinence and natural and artificial methods of birth control, including condoms, said Barbara Johnston of the ministry's curriculum branch.

The curriculum guidelines would likely let local boards decide whether discussion of homosexuality should be included as part of AIDS education, added education ministry spokesman Sue Hanna.

A preliminary guideline will be sent to school boards within a month, Conway said, and the final guideline based on their response.

MPP William Davis (PC—Scarborough Centre) said the province should consult with school boards to develop specific program details.

Catholic School Instruction Programs

Ottawa THE OTTAWA CITIZEN in English 28 Jan 87 p A10

[Text]

TORONTO (CP) — While the Catholic Church recognizes it is important to prevent the spread of AIDS, it believes instruction programs in schools may lead to "immoral" behavior by students, including pre-marital sex, says the Roman Catholic Archdiocese of Toronto.

"For this reason, Catholic schools should not host any program which they do not control," the archdiocese says in a statement released Tuesday.

AIDS courses should give all the essential technical information "within a proper Catholic ethical context," the statement says, adding that programs should teach that "the acceptable way to avoid AIDS is to... confine sexual activity to monogamous marriage."

"The purpose of such a program is not to get people to use condoms in order to avoid AIDS."

Ontario Education Minister Sean Conway said Tuesday the province's separate schools will be required to teach courses on the causes and prevention of AIDS. However, parents and local

school boards will have some say in how the subject is dealt with.

Conway described the archdiocese's statement as "quite sympathetic" to the government's approach to education about AIDS — acquired immunodeficiency syndrome — a condition that destroys the body's defence system, leaving victims prey to a wide variety of diseases. The condition, spread mainly by sexual contact, is invariably fatal.

In an interview, Conway said health and physical education curriculum guidelines are being changed for the province's schools, "public and separate, so that AIDS will be dealt with in that curriculum guideline at the Grade levels seven through 12."

Asked whether school boards who oppose teaching about AIDS would be forced to provide the courses, he said he is confident the boards will accept their responsibility.

"I just can't believe that anyone in a position of responsibility in this province in 1987 would not want to ensure that young people

are given an appropriate, sensitive education in this very critical area.

"We do recognize that local school boards will have a responsibility to implement the program with every sensitivity to that board's jurisdiction."

The guidelines are developed to allow flexibility but, "we are saying... students in Ontario schools, public and separate, from Grades 7 to 12, will in the course of that period of time have health and physical education which will deal with the subject of AIDS."

Current course guidelines include instruction about sexually transmitted diseases, Conway said. The new guidelines will ensure the question of development and prevention of AIDS is dealt with.

"AIDS is an issue for our times; it's a very serious medical and social concern. It must be dealt with," Conway said.

To date, 855 AIDS cases have been reported in Canada and 441 of the victims have died.

Toronto THE TORONTO STAR in English 29 Jan 87 pp A1, A4

[Article by Lillian Newbery]

[Text]

A public education war against AIDS will hit television, radio and print this spring, health officials say.

The Canadian Public Health Association will launch the battle in a series of public-service announcements about the disease, says Dr. David Walters of Ottawa, director of the association's AIDS Education and Awareness Program. He says the key messages are that AIDS is spreading in large numbers and that it is preventable.

The association will approach television networks, radio stations and print media to run the messages for free, Walters said in an interview yesterday.

"We'll hope to reach all Canadians with a 'strong and useful' message, he said.

From 1981 until Jan. 28 this year, 855 cases of Acquired Immune Deficiency Syndrome have been reported in Canada and 441 of these persons have died.

No scare tactics

The Canadian Public Health Association, whose members are the doctors, nurses, educators and others who work in public health, was allotted \$3.7 million over five years from a \$39 million fund that federal Health Minister Jake Epp announced last year for AIDS research and education. The ad campaign will come out of that grant.

An 12-member committee from across Canada is advising Walters and his staff on educational strategies to fight AIDS.

Health educator Peg Folsom of the North York health unit is on the committee and says the ad campaign is "one of our priorities."

A British campaign that ran on BBC and independent television in recent weeks emphasized that a person can die from AIDS and that everyone should learn the facts.

"I find the British one very dramatic, noticeable, saturating the markets," Walters said. "Some people think it was overdone in tone, stressing the fatality aspect."

"I don't feel we have to scare the hell out of people," said Bob Tivey of AIDS Vancouver, who represents community groups on the association's 12-member advisory board. "It's like a slap across the face. We don't have to scare people, we can still get the message out."

Household pamphlets

The British also sent a pamphlet about AIDS to every household in Britain but Walters said such a mass mailing is expensive and would not necessarily reach the people most at risk.

The important message in the Canadian public-service announcements will be that up to an estimated 50,000 Canadians already have the human immunodeficiency virus that transmits AIDS, although they may not show symptoms and that everyone needs to think about the issue, Walters said.

He said some young people don't feel they are at risk for AIDS because they have known their partners at school. But the virus may be more prevalent than they think, and they should accept the fact that a partner may have the virus without knowing it.

Those primarily at risk are sexually active persons, particularly those with multiple partners, Walters said. They can protect themselves by reducing the number of partners and practising safe sex, which includes the use of condoms.

The other choice, Walters said, especially for young people, is to decide to "defer" sexual activity.

"As public health people we're not saying you have to stop sex, and not saying you have to have

sex. That's up to the moral teaching of parents. The moral issue we have behind us is we want to save lives, put people in the driver's seat."

In other activities the Ottawa-based association will:

- Sponsor by this summer an international conference on program planning for AIDS. Walters said the World Health Organization, Britain, Australia and the United States all have some AIDS programs and "we have a lot to learn from each other."

- Act as a "clearing house" for educational materials about AIDS, setting up computerized records of such items as videotapes;

- Report to the Canadian people on the AIDS issue;

- Advise public health officials on educational programs;

- Co-operate with the Canadian Labor Congress on educational programs about AIDS for workers.

Research needed

He said to find out what people know about AIDS, their attitude and behaviors, there needs to be more polling and research within universities and by private organizations.

AIDS is so new that social-science departments conducting research into health issues such as smoking and alcoholism have not added AIDS to their research programs, Walters said.

Secondly, Walters said, there needs to be research into who is getting infected with the AIDS virus and in what groups it is increasing and decreasing. At present only Ontario, New Brunswick and Nova Scotia require the reporting of people who test positive to the HIV virus. All provinces require reporting of persons with AIDS.

Toronto THE SATURDAY STAR in English 7 Feb 87 p A6

[Article by Elaine Carey]

[Text]

A national public education war against AIDS by the Canadian Public Health Association is running into problems before it even gets off the ground.

The Canadian Broadcasting Corp. says it will seriously question any AIDS public service messages that mention condoms because they could condone sexual promiscuity and casual sex, a senior network official said this week.

"The CBC has no problem with messages on the dangers of the spread of AIDS. The problem will come if they attempt to promote the use of condoms to prevent it," said John Davis, manager of advertising standards policy for the network.

The CBC would have to look at the messages "very carefully to see if they condone casual sex," he said. "If they take a very positive stand on the use of condoms, we will have serious problems with it."

He warned the health association not to spend money producing expensive announcements until the message is cleared with the network.

The health association, which represents doctors, nurses and educators in the public health field, is preparing a series of public service messages about AIDS and is approaching television networks, radio stations and print media to run them free, starting March 2. One part of the message is that condoms can prevent the spread of the disease.

The campaign is being financed by a \$3.7 million grant

from the federal government.

All other private broadcasters including CTV, Global, CITY and MTV have agreed to run the messages — or distribute them to their member stations — if they are tasteful and educational, said Pat Beatty, executive director of the Telecaster Committee, which screens commercials for the private networks.

Sexually transmitted

"I think television networks have that responsibility," she said. "You can't cloud the issue (of AIDS). You've got to say what it's all about. If we can educate people, then I think we're doing some good."

As of Feb. 2, 873 cases of AIDS have been reported in Canada since 1981 and of those, 450 have died. Health Minister Jake Epp told the House of Commons Tuesday he hoped newspapers and broadcasters would donate free space to alerting people about the ways they can contract the disease.

But Davis maintains that "human sexuality, birth control, abortion and avoidance of sexually transmitted diseases are issues the CBC feels can only be fairly treated in programming."

The CBC has a "clear policy that it will not accept ads if they try to influence people on controversial issues," Davis said. "We will have a look at these public service messages to see if they promote a contentious point of view."

"AIDS is a serious problem but this is by no means the first time condom manufacturers have

tried to promote their product to prevent a sexually transmitted disease," he added.

Robert Burr, director of communications for the public health association, said it is proceeding with the campaign "on the basis this is not going to be a problem. We are hoping CBC policy will either allow our message as it is or that some way of accommodation can be arrived at, given the gravity of the AIDS epidemic in Canada."

"We would like to have the freedom to mention condoms as part of our message," he added.

"We are in the public health business and we have to deal with the consequences of what people do with their behavior," he said. "It's a fact today if they engage in certain sexual behavior, they are at risk for AIDS and we are advising the way to prevent it is to use condoms."

As well, Canada's major condom manufacturer, Julius Schmid, says it is gearing up for a major advertising campaign this year, advising their product can prevent the spread of AIDS.

In the past, condom makers have been allowed to say their product can "reduce the risk of transmission of venereal disease" but not to name them. However, the federal health protection branch has decided to allow advertising that says condoms can help prevent the spread of AIDS, said Gerald MacDonald, chief of legislative and regulatory processes for the branch.

Health Minister on Incidence

Toronto THE TORONTO STAR in English 3 Feb 87 pp A1, A11

[Article by Joel Ruimy]

[Text]

OTTAWA — The number of AIDS cases in Canada continues to grow at the high rate projected last spring by the federal government, and now stands at 873 cases nationwide, Health Minister Jake Epp says.

"There was a question raised (last year) as to whether or not the number of cases projected was, in fact, overestimated," Epp told a hushed House of Commons committee meeting last night.

"I regret to inform you that this is not the case . . . so there is no question that it's serious."

A health department official accompanying Epp said: "We're at the front end of a major epidemic."

The minister also announced that Canada will hold an international conference on the acquired immune deficiency syndrome next month, with participation from the United States, Britain, Australia and the World Health Organization.

17,500 people

Epp told the committee that 50,000 Canadians are thought to be carrying the disease, which means they have the deadly virus but it has not yet become active. Canada's first AIDS case was reported in 1982, he said.

Of the 50,000, federal officials expect anywhere from 20 per cent to 35 per cent — as many as 17,500 people — could develop the disease, which can take from a few months to more than five years to become active.

As MPs listened attentively, Epp read out the latest federal government figures on the disease, which are compiled weekly. Yesterday's tally shows that:

□ 816 cases have been recorded among male adults, 411 of whom have died;

□ 40 cases have been found among adult women, of whom 27 have succumbed;

□ 12 of 17 children found to have AIDS have died.

"There is no question that, with the number of cases in Canada today, Canada and France vie for either second or third place" in the world. The U.S., Epp said, is first with more than 29,000 cases.

AIDS is transmitted through blood and semen and attacks the body's ability to defend itself against disease. High-risk groups have been defined as homosexual men, intravenous drug users who use dirty syringes and those receiving blood transfusions.

There is no known cure, although doctors are experimenting with two new drugs that have shown promising preliminary results.

In response to Epp's remarks, Howard McCurdy (NDP—Windsor-Walkerville) called for an education campaign that "has to be pretty blunt, pretty straightforward and pretty damned honest."

Trade budget

The minister replied that of the \$39 million he has budgeted in the fight against AIDS during the next five years, approximately \$7 million will go toward education.

It is hoped, Epp added, that newspapers and broadcasters will also donate several times that amount in free space to alert people about the different ways they can contract the disease.

But Liberal MP Sheila Copps (Hamilton East) asked Epp how he could justify the amount budgeted for the education campaign when Ottawa plans to spend \$12 million for an ad campaign to sell its goal of a free-trade arrangement with the U.S.

"Because it (free trade) is an important issue facing Canadians as well," the minister replied.

Epp added that there were three ways to avoid the spread of the killer disease: "no sex, monogamous sex or safe sex."

This brought another attack from Copps, who questioned how realistic it is to tell people, especially the young, that they can't have sex.

Epp replied that some people have already chosen this option.

He also defended the government's spending record on AIDS by pointing out that the provinces will also be spending large sums themselves.

And he added that the education program "hasn't even started yet." Ottawa, he said, would be willing to spend more once the program gets under way and its effectiveness can be measured.

MP Barry Turner (PC—Ottawa-Carleton) then raised the case of an Ottawa prostitute found to be an AIDS carrier. The woman was convicted but released, with counselling, and now is presumably free to ply her trade and spread the disease.

Legal process

When Epp replied that the woman had gone through the legal process, Turner suggested, "Maybe it's time for us to change the legal process."

The minister replied: "I can't answer that question. I can't and won't comment on that side of it."

On a proposal to quarantine people found to have the virus, Epp said, "This is not a correct way to go with this disease because of the long incubation period."

"If we were to quarantine people, why would anyone get tested?"

British Columbia Testing Issue

Toronto THE GLOBE AND MAIL in English 5 Feb 87 p A4

[Article by John Cruickshank]

[Text]

British Columbia Health Minister Peter Dueck says he favors compulsory blood testing of all provincial residents for acquired immune deficiency syndrome.

Asked for his reaction to mandatory AIDs testing as he emerged from a Cabinet meeting in Victoria yesterday, Mr. Dueck replied:

"I think it would be a good idea for everyone. It is certainly not an onerous thing. It can be done in such a way that if it is compulsory for all I don't think it would be a bad idea for the total population to be checked."

Mr. Dueck, a real estate agent from central Fraser Valley, a strongly Christian fundamentalist region, has been Health Minister since Nov. 6.

The minister said he personally

would have no qualms about being tested for AIDs. But he conceded that civil libertarians might be troubled by a compulsory blood testing plan.

He was correct. B.C. Civil Liberties Association president John Dixon called mandatory testing a "hysterical" response to the serious public health problem posed by the AIDs threat.

Controversy still rages in British Columbia over Premier William Vander Zalm's condemnation of sex education classes which teach students about the use of condoms.

Vancouver public health officials want to promote awareness about the role condoms can play in preventing the spread of sexually transmitted diseases, including AIDs.

The incidence of AIDs infection in British Columbia is at least 60 per cent higher than in any other Canadian province.

British Columbia Doctors' Drive

Toronto THE TORONTO STAR in English 7 Feb 87 p A7

[Text]

VANCOUVER (CP) — The B.C. Medical Association has begun what it calls a "tasteful and tactful" campaign to promote the use of condoms to prevent the spread of AIDs. The association ran a full-page newspaper ad this week that featured a headline, "Your first aid against AIDs" and a picture of a box with the word "condoms" on it.

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CSO: 5420/14

VIRAL HEPATITIS THREAT SEEN; GOVERNMENT CRITICIZED

St Georges INDIES TIMES in English 17 Jan 87 p 2

[Text] A health epidemic is threatening the village of Diego Piece in St. Mark's. News reports say that viral hepatitis, a deadly disease, is threatening this village and surrounding villages.

A 17-year-old mother of one, buried on Sunday January 4, was reported to be the first fatal victim of the disease. She was admitted to hospital on Christmas day and died days later of what was said at the time to be jaundice. Later reports then said that it was the highly contagious viral hepatitis.

Shortly after the young lady fell ill, two of her brothers were hospitalised. Another three persons from the area had to be taken into the hospital for observation as they were said to be suffering similar symptoms as the young woman who died.

An unconfirmed report circulating in the area says that the outbreak is being caused by calaloo, grown in a drain fed by a leaking sewage tank. Poor sanitary health practices in the area generally is said to have helped the virus to spread.

Meantime, residents of Diego Piece and the surrounding areas are getting very concerned and worried. Viral hepatitis is a fatal disease and could be spread very easily. Great concern is being expressed about the local school where several of the children from the affected area attend.

Since the death of the young woman, teams of health officials and doctors have visited Diego Piece but they have said nothing to residents as to what they must do to avoid getting the disease. Only a few persons who were directly in contact with the affected person, have been checked or spoken to.

As usual, it seems that the NNP's Ministry of Health will remain silent. This highly irresponsible attitude of NNP's Ministry of Health, with a policy of "who dead; dead" when deadly diseases and epidemics threaten, put the lives of everyone in jeopardy.

In 1986, it was AIDS, Red Eye, malaria and others. 1987 has just broken; another year of 'hush hush' cannot be accepted. We call on NNP to immediately give proper written advise in a leaflet to all household in Diego Piece and surrounding villages on how to handle this new deadly threat of viral hepatitis. People have a right to know what steps they must take in the event of danger.

/12828

CSO: 5440/066

GUINEA-BISSAU

CHOLERA OUTBREAK STAMPED OUT

Lisbon DIARIO DE NOTICIAS in Portuguese 12 Dec 86 p 14

[Text] Guinean health authorities managed to stamp out a cholera outbreak that started two weeks ago north of Cacheu, according to information from the WHO representative in Bissau, who added that 48 persons had died.

The cholera outbreak, which affected five villages in the Sao Domingos area, was spread into Guinea-Bissau by people travelling from the Senegalese border region of Ziguinchor, where the cholera virus has created several emergency situations in recent years.

The Guinean health authorities immediately quarantined the region, while medical teams conducted mass vaccination campaigns and tested the water at various locations in the zone.

The acting representative of the World Health Organization (WHO) in Bissau, Luis Leite, told NP that the cholera had not been transmitted by the water, but by handling infected bodies, and that is what caused the high number of deaths.

Luis Leite praised the work of the Guinean health officials, and said that "Guinea-Bissau is a poor country, but it managed to check an outbreak of cholera which usually spreads fast in developing countries."

River Blindness

A 4-day international conference on control of onchocerciasis (river blindness) in West Africa began yesterday in Accra, capital of Ghana.

The program to eradicate onchocerciasis began in that country in 1973 and spread from there to other West African nations, such as the Republic of Guinea, Guinea-Bissau, Senegal and Sierra Leone.

Participating in this conference are affected countries, international organizations supporting them, and the United States, Italy, Federal Republic of Germany, Great Britain, Japan, Kuwait, Saudi Arabia and France.

9805/13104
CSO: 5400/70

REVIEW CITES IMPROVED HEALTH SERVICES PROVIDED IN 1986

Georgetown GUYANA CHRONICLE in English 9 Jan 87 p 5

[Text]

NINETEEN eighty-six marked a year in which the Ministry of Health succeeded in providing improved health services to citizens in various ways.

These positive developments were made despite many constraints, and much emphasis was placed on the rural and interior areas, where traditionally, proper health care was not always available for residents.

Several health centres were opened last year, with the first being at Hog Island, Essequibo River, in August. At the same ceremony, the then Minister of Health, Dr Richard Van West-Charles, commissioned a launch, to be used by the Medex stationed at Hog Island to serve other islands and settlements further up the Essequibo River. An important feature of the launch was the inclusion of a dentist chair to facilitate dental services to residents of those far-flung areas.

HEALTH CENTRE

A second health centre was opened at St Cuthbert's Mission, Mahaica River, and in early December a third was opened at One Mile, Wismar.

A most significant development in the area of health took place in March of last year, when President Desmond Hoyte launched the country-wide immunisation programme for

schoolchildren. At the launching at the Rama Krishna All-Age School, Kitty, the President, after administering the first doses to two students, said that the exercise demonstrated the "care and concern that the Government has for the children of our country."

By the end of the year, nearly 75 per cent of all schoolchildren had received their shots, effectively protecting them against whooping cough, tuberculosis, tetanus, yellow fever, polio and measles.

In July, the Ministry completed training for the first batch of 14 multi-purpose technicians, who were subsequently placed in regional hospitals and health centres.

SKILLS

The technicians were trained in skills such as radiography, (X-Ray), pharmacy and laboratory technology. During the same month too, one hundred nurses graduated from the School of Nursing in Georgetown.

The operating theatre at the Accident and Emergency Unit at the Georgetown Hospital was refurbished and reactivated. An operating theatre and a physiotherapy unit were commissioned at the Upper Demerara Hospital, Linden. X-Ray facilities were installed at the Fort Wellington and Bartica Hospitals.

In October, the first batch of Guyanese doctors, trained in Cuba, graduated after completing the final part of their medical internship at the Georgetown Hospital. The doctors have been posted around the country to strengthen the professional staff of the various hospitals.

During last year, the threat of malaria again raised its head and the Vector Control Services of the Ministry of Health, acted swiftly to take the situation in hand. The anti-malaria programme was strengthened and with the

acquisition of drugs and equipment from the U.S.S.R. and neighbouring Venezuela thousands of persons were tested for malaria. A team of

Malariaologists from Venezuela also visited the country in the latter quarter of the year and held discussions here with local officials on joint action to fight the disease. Seven local health workers were also trained in microscopy, by two of the specialists, further strengthening the unit.

Health remains the foundation of all development and the Government recognises this.

/13046

CSO: 5440/062

GEORGETOWN AUTHORITIES INTENSIFY MOSQUITO-CONTROL EFFORTS

Georgetown GUYANA CHRONICLE in English 15 Jan 87 p 4

[Text]

Over the last two weeks, the Mayor and City Council has intensified its efforts to rid the City of the mosquito nuisance that has escalated recently.

The Mosquito Control Section of the Public Health

Department, in addition to routine spraying of areas in the City, is now working towards reducing the prevalence of breeding ground for the larvae.

Additionally, the MBCC is seeking to increase its staff of sanitation workers to ensure that the City drains are kept clean and parapets are free from bushes.

Known breeding grounds for mosquitoes include clogged drains and alleyways, open receptacles of stagnant water, obstructions such as bushes and weeds and water from septic tanks and sewers.

The following precautions are strongly recommended

by officials of the Public Health Department.

a) Make sure that drains do not allow water to accumulate; certain types of mosquitoes prefer foul-smelling conditions.

b) Remove, bury, destroy, empty tins and other discarded containers where mosquitoes would otherwise breed. Make sure that holes and depressions in yards are filled up and levelled;

c) Keep water receptacles covered; change water in vases daily; and

d) Keep grass cut low and remove weeds and bushes where adult mosquitoes would find hiding places.

/12828

CSO: 5440/067

BRIEFS

NEW HEALTH MINISTER--Newly-appointed Senior Minister in the Ministry of Health, Dr. Noel Blackman has set as his immediate goal further development of the health care programme in Guyana. The new Minister who is a general and vascular surgeon by professional training was in private practice in Queen's, New York for the past three years. Dr Blackman completed his primary and secondary education in Guyana. He left Guyana in 1969 to pursue medical studies in the US. In an interview with the GUYANA CHRONICLE, Dr. Blackman said he has been impressed with a number of developments in Guyana, including the unity among the Guyanese people and their sense of purpose. According to Dr. Blackman, establishment of the Medical School in Guyana and the Medex programme are among significant steps taken in the advancement of medical training locally. As part of his immediate task, the Minister said that emphasis will be placed on providing improved health care for Guyanese. Dr Blackman has a keen interest in sports especially cricket. His hobbies include music and reading. [Text] [Georgetown GUYANA CHRONICLE in English 3 Jan 87 p 1] /13046

CSO: 5440/062

PAPERS REPORT ASPECTS OF AIDS PREVENTION

Visitor Screening Impractical

Hong Kong SOUTH CHINA MORNING POST in English 30 Dec 86 p 3

[Text]

HONGKONG's leading AIDS expert said yesterday it would be impossible to screen all visitors to Hongkong for the deadly virus.

Dr E.K. Yeoh, a Medical and Health Department consultant and member of the the Government's Advisory Committee on AIDS, also warned against shunning carriers of the disease.

Dr Yeoh said requiring incoming visitors to undergo blood tests to see if they were carriers of the AIDS virus was impractical as millions of Hongkong people also went abroad every year and there was no way to prevent them from infection during their travels.

He said the best way to check the spread of AIDS was to promote safer sex practices.

"Adopting methods of safer sex and rethinking attitudes towards sex will have a major impact in preventing the infection from spreading in Hongkong," Dr Yeoh told a lunch meeting yesterday.

So far, 69 people, 44 of them haemophiliacs, have been identified as AIDS car-

riers in Hongkong. Three men, who were said to have a history of sexual contact with prostitutes abroad, have died.

Dr Yeoh said there was no indication that AIDS was spreading in Hongkong, although there was no room for complacency.

The advisory committee would meet soon, he said, to consider the feasibility of launching another big publicity campaign to educate the public on safety precautions.

He said it was impossible to require every local resident returning from trips abroad to have a compulsory blood test because the AIDS virus could not be detected until three months after the victims had been exposed to it, he said.

"To require travellers to take a test would mean locking them up for three months," said the doctor.

Dr Yeoh said AIDS virus carriers should not be institutionalised because this would only drive victims underground.

"Exposure to the virus does not invariably lead to

infection, nor does infection invariably lead to disease," he said.

Dr Yeoh pointed out that casual and social contact, such as shaking hands, hugging, coughing, sharing linen and eating utensils, would not transmit the AIDS virus.

Primarily, the AIDS virus is transmitted by sexual contact, by needles and transfusions of blood and blood products contaminated by the virus and by an infected mother to her baby.

In the absence of an effective vaccine or treatment for AIDS, the only way of controlling the disease was by surveillance programs and health education and counselling of "risk" groups, he said.

Sexual spread could be reduced by safer sexual practices such as monogamous relationships and the use of condoms during sexual intercourse.

Infection from contaminated needles can be prevented by the use of disposable needles and sterilisation of reused ones, and by precautions when handling them.

AIDS Awareness Campaign

Hong Kong SOUTH CHINA MORNING POST in English 19 Jan 87 p 3

[Article by Sa Ni Harte]

[Text]

THE Government has stepped up its campaign to promote awareness of AIDS by establishing a publicity working group to monitor the disease.

The Executive Council has been informed of the establishment of the group - which comprises officials from the Education Department, City and New Territories Administration, Medical and Health and Information Services departments.

It is expected to have its first meeting tomorrow.

In view of the growing number of people infected by the AIDS virus worldwide - especially in the United States and the United Kingdom - senior Government officials believe more health education is vital.

The publicity working group will operate as a sub-committee under the Government's Advisory Committee on AIDS.

The head of the committee, the Deputy Director of Medical and Health Services, Dr S.H. Lee, will also head the publicity group.

At least 69 people in

Hongkong have been exposed to the AIDS virus - 44 of them haemophiliacs - and three have died.

Officials stressed that the setting up of such a group does not mean that there is an explosive spread of the disease in Hongkong.

Although AIDS is in Hongkong, its low prevalence has put the authorities in a good position to try and limit the spread, one official said.

Health education measures were considered a valuable means of controlling the disease.

"The only effective way to control AIDS is to educate the public about how the disease is transmitted and how not to get it," the official said.

AIDS is an invariably fatal ailment that attacks the body's ability to fight off disease.

It can be transmitted through sexual contact, both male and female, blood transmission and from mother to child during birth.

In the absence of an effective vaccine or treatment for AIDS, the official said, counselling of "risk" groups which include haemophi-

liacs, homosexuals and intravenous drug users was also important.

However, many potential victims are still wary about using the special counselling clinic established in November 1985 at Queen Elizabeth Hospital.

It is believed that the working group might step up publicity in this area.

According to the World Health Organisation, between five to 10 million people throughout the world are infected by the AIDS virus.

WHO said the United States will have more than 250,000 AIDS cases by 1991.

In Europe the figure is expected to be 30,000 by next year.

The head of the organisation, Dr Haldan Mahler, recently warned that the disease was knocking at the door of Asia.

More than 34,000 cases worldwide were reported last year compared with 14,000 in 1985.

He estimated that the number of people infected by the virus who could develop full-blown AIDS and die at between 1.5 million and three million.

/9317

CSO: 5450/0075

RESEARCHERS EYE FAMILY ANGLE IN HEPATITIS-B STUDY

Hong Kong HONGKONG STANDARD in English 5 Jan 87 p 3

[Article by Carolyn Watts]

[Text]

UNIVERSITY of Hongkong researchers are pushing ahead to discover exactly how the deadly hepatitis B virus works its way down the family tree.

Although clear answers about transmission remain elusive, the research team has been compiling a fascinating but disturbing picture of how a child catches hepatitis.

About one in 10 Hongkong children are known carriers of the virus, which they contracted — probably from a close family member — in their first few years of life.

"It seems to be through very close contact, mainly from the mother to child, either during birth or in early childhood, says Reader in Medicine Dr Lai, who has been involved in hepatitis research here since his return from Britain in 1977.

"Basically, we don't know," he said. "It may happen then because a child's immune system isn't really mature and so they run a much higher risk of becoming a chronic carrier."

Hepatitis B — a viral infection which attacks liver cells — is a major cause of liver cancer, which kills more Hongkong people than all other cancers except cancer of the lung.

At the University, research on the virus is led by Dr Lai and another liver specialist, Dr Lok. Both members of the research team would not give their full names.

Many children who catch the disease will never display symptoms. Instead, they will become what scientists call "chronic carriers," and in later years will run a high risk of developing cirrhosis, liver cancer and other liver diseases.

If the carrier is female, Dr Lai said, she will stand an 80 percent chance of passing on the disease to her own children.

"Being a carrier means you are coexisting with the virus — a symbiosis almost," says Dr Lai.

"One in every 10 children walking in the street here would be a carrier."

In Hongkong, all Government and subvented hospital's now vaccinate babies born to women who

carry the virus, Dr Lai said, but current vaccines are expensive and in limited supply, and many babies remain unprotected.

Other medical teams around the world are also tackling hepatitis. But to Dr Lai, research done locally has extra urgency — by some cruel quirk of nature, most of the world's hepatitis B sufferers are Chinese.

"There are about 200,000 million carriers of hepatitis B and around 75 percent are Chinese," he said.

"In China, in some areas, as many as 20 percent of people may carry the disease."

If the virus is not transferred from the mother, Dr Lai said, evidence indicates that it may well be transmitted from the father "or even from the siblings."

The team has also been looking into the long-term effects of hepatitis B and its relationship with cirrhosis and cancer.

Their findings confirm those of many other teams worldwide; hepatitis B carriers stand an abnormally high risk of later developing various forms of liver dis-

case, including cancer.

The researchers have also been looking at ways of treating chronic hepatitis.

One drug that has been tried is interferon, an antiviral agent produced naturally by the body when it is infected by a virus.

Despite great hopes that the drug would help the body fight a hepatitis B infection, overall results have been disappointing.

"Trials are still on-going, but the effects of the drug are not as good in Chinese as in Caucasians," Dr Lai said. He said that for about 30 to 50 percent of a group of Westerners who were given the drug abroad, the virus stopped breeding just as quickly after the onset of chronic hepatitis if interferon was not used.

"We've almost reached the conclusion that, on its own, interferon is not much use for the Chinese and Japanese," he said.

Investigations into the relationship between liver cancer and hepatitis B have looked at a number of different treatments for liver cancer.

One experiment generated excitement but also proved to be disappointing. When Adriamycin, an anti-tumour drug, was injected

into subjects, only about 10 to 15 percent responded to the drug and there were toxic side effects.

With the widespread failure to find reliable treatments, Dr Lai's team has come to focus more and more on the need for prevention through vaccination.

Although current vaccines are available, they are expensive and in limited supply since they are made from blood plasma.

But a vaccine produced from yeast that is being developed abroad is cheaper and easier to obtain than currently used vaccines.

The trial vaccine has just been passed by the US Food and Drug Administration and may soon be in use in Hongkong.

The team has been trying out the vaccine on Chinese patients with encouraging results, but the cost is still expensive.

Despite the many problems, Dr Lai remains optimistic that the chronic threat posed in Hongkong and China by hepatitis B will eventually be overcome.

"I can foresee that in the not too distant future, hepatitis B will be eradicated just like BCG, or polio, or smallpox," he says.

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CSO: 5450/0076

JURY: RABIES VICTIM DIED OF NATURAL CAUSES

Hong Kong HONGKONG STANDARD in English 17 Jan 87 p 2

[Text]

A THREE-MAN jury yesterday returned a verdict of death by natural causes in the inquest of a man who was repeatedly diagnosed as mentally ill but eventually died from rabies.

Coroner Hugh Sinclair said no recommendation would be given as nothing could prevent death by natural causes.

The court has been told that Mr Ko Kwok-keung, 37, was admitted to Queen Mary Hospital on August 16 last year after he was bitten by a puppy in Shenzhen two months before.

He died in Princess Margaret Hospital on August 23 after three admissions and three discharges from Queen Mary Hospital between August 16 and August 19.

The court called three doctors, a pathologist and a medical expert — out of 10 doctors who treated Mr Ko — to testify.

The widow alleged the doctors who wrongly diagnosed her husband's condition were not called to give evidence.

Mr Sinclair explained, on the fifth day of hearing

yesterday, that there had been sufficient evidence for the jury to reach a verdict.

However, he allowed Mr Nigel Kot, who represented the Medical and Health Department, to call a nurse to explain why Mr Ko was tied up in bed when he was treated at Tang Shiu Kin Hospital on August 18.

The witness, Mr Chan Wing-kit, said nurses can make the decision to tie up a patient when they think necessary.

He said the nurses tied up Mr Ko because he moved violently, swung his arms and shouted loudly.

Mr Chan said patients should be put in a "safety vest," but as there was none in the casualty department, he tied Mr Ko with bandages.

He denied tying Mr Ko by the neck and chest, but Madam Wong Sau-ha accused him of lying, adding that many relatives saw scars on both sides of her husband's neck.

The Coroner said although the widow had already done what she could to ensure treatment in hospitals, rabies is incurable.

/9317

CSO: 5450/0078

TYPHOID CASE RAISES QUESTION ON HOSPITAL HYGIENE

Hong Kong SUNDAY MORNING POST in English 11 Jan 87 p 3

[Article by Caroline Dewhurst]

[Text]

A WOMAN believed to have caught typhoid from a seafood restaurant in Lamna has just been released from the isolation unit in Princess Margaret Hospital.

The 27-year-old Belgian was one of a party of 10 people who ate at the restaurant more than a month ago. The other nine immediately went down with vomiting and diarrhoea and were found to be suffering from food poisoning.

But it was not until Christmas Day - two weeks after the meal - that the symptoms of typhoid began to show.

The woman, who has asked not to be named, was taken to the private Matilda Hospital for tests and admitted to a Government hospital's infectious diseases unit last Tuesday. Her condition is satisfactory.

Medical authorities declined to fully outline the action they had taken to ensure that a similar case could not occur.

Authorities said the seafood restaurant in Sok Kwa Wan had not been closed and that they were "investigating" the restaurant.

The case has also raised claims about the level of hygiene at Princess Margaret Hospital which, according to a private doctor, is not taking sufficient precautions against the spread of the disease.

When the *Sunday Morning Post* contacted the patient in hospital yesterday she was very weak. She said: "I still have a li-

tle fever and I've been told I'll be in hospital for another two weeks.

"The doctor told me I had typhoid but I was too ill to care. When they brought me into hospital I had to wait in casualty for three hours. I felt very ill. I was in the isolation unit for a few days. But now I'm in a normal ward and allowed to have visitors."

The woman, who works as an architect and lives in Discovery Bay, said that she and her friends ate a seafood mixture at the restaurant - prawn, crab, lobster and scallop. They didn't suspect that there was anything wrong with the food at the time.

All of her friends went down with vomiting and diarrhoea and were amazed that she seemed to have escaped with only slight symptoms.

On Christmas Day she broke out in a high fever and went to a local doctor. She began suffering from vomiting, diarrhoea, fever and had a rash which started on her stomach and spread to the rest of her body.

She stayed away from work and went to see a doctor in Hongkong who sent her to the Matilda Hospital for tests.

The friends and her flatmate have undergone tests for typhoid which have so far been found to be negative. The flatmate, who did not join in the Lamna outing, said: "Her colleagues got over it in three days. She didn't get sick immediately and all of us were wondering why. But I'm not wor-

ried about catching it."

Eleven people are currently in Princess Margaret Hospital suffering from typhoid. Last year one person died from the disease.

A spokesman for the Medical and Health Department claimed that there were only 199 victims of typhoid and paratyphoid in 1986.

But the department's annual report shows that 562 people were treated for the disease in the financial year ending April 1986. In the previous financial year 604 people went to hospital with the disease. One of the victims died.

Medical authorities say there is no cause for alarm as typhoid is "endemic" in Hongkong. They claim they are "quite happy" with the numbers of people found to have the disease.

But one doctor, who for ethical reasons could not be named, claims Princess Margaret Hospital is not taking the same precautions other hospitals use against the spread of the disease.

The doctor said that at other hospitals staff are careful to kill any typhoid germs before they have the chance to get into the sewage system. The faeces and urine of a typhoid victim are soaked in disinfectant for an hour before being flushed away.

It is understood that if the bacteria finds its way into the seas around Hongkong it could be taken in by other shellfish. If they are eaten they could cause another outbreak.

INTEGRATED PLAN TO FIGHT MALARIA ADVOCATED

Bombay THE TIMES OF INDIA in English 12 Jan 87 p 23

[Text] The Indian Council of Medical Research has suggested to the government the adoption of an integrated sector control programme to tackle malaria instead of the spraying method which is becoming less and less effective.

Health authorities appear to be waging a losing battle against mosquitoes and this is causing concern to the government.

Before 1965 the estimated incidence of malaria was 75 million cases per year. This was brought down substantially last year. Subsequently there had been a steady increase. Authorities were able to arrest it for three or four years after 1976 but during the last three years not much of a dent had been made.

The ICMR scheme now before the government has been successfully tested as a pilot project in Nadiad taluka of Kheda district of Gujarat, one of the high-risk malaria areas.

In the integrated sector control strategy, the longevity of mosquitoes is not affected as happens in the case of residual insecticides. As a result two factors assume importance—the elimination of the parasite from the community and suppression of mosquito sectors below the critical levels.

The former is tackled by providing treatment to the parasite positive cases within the shortest possible time interval by organising first-rate surveillance and prompt radical treatment and the latter by sustaining longterm interest of the community by involving them in the rural development process.

Cost-Effective

According to the ICMR, the integrated control programme besides being cost-effective prevents pollution by harmful chemicals, maintains harmony with nature, and retains ecological integrity of the area.

Since the new strategy brings about semi-permanent to permanent changes in the mosquito breeding habitats malaria control is achieved for much longer period

and relatively less efforts are required in subsequent years contrary to insecticides.

In the spraying method the cost of insecticide increases every year and in the integrated control programme the cost may be further reduced by community participation.

The expenditure on the integrated control of malaria is generating employment in poor villages which have no other avenues for the youth. This money would have gone to buy insecticides resulting in environmental pollution. This innovative approach to malaria control automatically tackles the intractable problem of insecticide resistance which has become a serious obstacle in the successful control of malaria.

/13104

CSO: 5450/0085

BID TO COMBAT LEPROSY ON MASS SCALE BEGINS

New Delhi PATRIOT in English 25 Jan 87 p 5

[Text]

Bombay, Jan 24 (UNI)—The first indigenous leprosy vaccine is to be administered on a mass scale from 30 January in a fresh effort to combat the disease that afflicts more than four million Indians.

The eagerly awaited vaccine, being launched at the start of the national leprosy eradication week, is seen by researchers and government agencies as a significant step toward the goal of eradication of leprosy by 2,000 AD. Public health experts and voluntary agencies, however, are cautious and emphasise that it is just another tool in the difficult field of leprosy control, plagued by widespread ignorance and deep-seated stigma.

Mr Madhav G Deo, research director in the Cancer Research Institute (CRI) in Bombay, who has developed the vaccine after eight years of exacting research, is confident but cautious:

"The vaccine is only an adjunct to drugs and not a replacement", he told UNI. "The attack against leprosy must continue at all levels, with multidrug therapy (MDT) and improved hygiene".

Dr Deo said the CRI's "major breakthrough" was possible in association with the Acworth Leprosy Hospital, the KEM and GS Hospital and the Haffkine Institute.

The phase three mass studies, cleared by the Union Health Ministry and the Indian Council

for Medical Research, will involve about 100,000 people — household contacts — in the hyperendemic districts of Solapur, Latur and Osmanabad in Maharashtra, Dr Deo said.

The vaccine was based on a cultivable bacillus that was a "close cousin" of *Mycobacterium leprae*, the leprosy-causing germ which has defied culture in the laboratory.

"The bacillus was killed by gamma radiation to the doubly sure that it does not have the power to induce leprosy but retains the protective compounds needed for a vaccine", he said.

After pre-clinical toxicity trials on mice and monkeys, the vaccine was tested on 300 people — 200 healthy household contacts and 100 lepromatous (infective) patients. The results were extremely encouraging with about 95 per cent of the first group and 63 per cent of the second mounting immunity, Dr Deo said.

Dr Deo said tests had shown that immunity was stable in healthy persons for at least five years. Studies were on to determine the long-term efficacy of the vaccine.

The only other leprosy vaccine, developed in Venezuela, is based on bacillus grown in armadillo and is being used by the WHO in Africa and South America.

Dr N H Antia, director of the Foundation for Medical Research

in Bombay and specialist plastic surgeon in the field of leprosy, points out that despite vast inputs and expenditure, the national leprosy control programme which has been in existence for more than 30 years has failed to control the disease, "which from being a rural problem in the 50s has become an intractable urban one".

While fully endorsing the development of a wholly Indian vaccine, Dr Antia says, "let us not put all our faith in a vaccine. It has yet to be seen whether it will give lasting immunity — a vaccine that has to be administered more than twice has to be written off — and whether it can be delivered to the people".

He points out that tetanus toxoid is a simple vaccine that gives long immunity but tetanus is still the second highest killer in the country.

To be truly effective, leprosy control has to be a people's programme — "the chief drawback of the national leprosy control and eradication programmes is that they are centered around the medical profession which itself displays a high ignorance and stigma about leprosy", he says.

Corroborating this, Dr R Ganapati, director of the Bombay Leprosy Project (BLP), highlights two other aspects of leprosy control—lack of funds for voluntary agencies and low motivation of para-medical workers.

BLP which is funded in part by the German Leprosy Relief Association (GLRA) is forced to go to other international agencies for aid because local donors do not get full tax exemption for donations, Dr Ganapati points out.

Voluntary agencies are also hampered by a lack of willing field workers because para-medical workers are now governed by the Industrial Disputes Act which has led to the formation of trade unions and demands for overtime payments. "Such constraints are inconsistent with the health targets set by the Government", he says.

"If the vaccine is potent, cost-effective and manageable and if the whole population can be immunised.

/13104

CSO: 5450/0086

BRIEFS

CANCER INCIDENCE—There are about 1.5 million cancer patients in India. Every year about 500,000 people fall prey to the fatal ailment, Dr Saroj Gupta, Director-Secretary of the Cancer Centre and Welfare Home at Thakurpukur in South 24-Parganas, said on Wednesday. While most of the male patients were victims of oral cancer, women usually suffered from cancer of the cervix uteri. He said that a recent survey conducted by the World Health Organization had shown that in developing countries, cancer was the third most common cause of death in the age group of 15-44 years. Dr Gupta said cancer of the cervix uteri could be easily prevented if detected early. A simple smear test that cost only Rs 1.50 would enable a woman to know whether she had contracted the fatal disease or not. Dr Gupta said early marriage and early and repeated childbirths were responsible for the large number of uterine cancer cases. [Excerpt] [Calcutta THE STATESMAN in English 22 Jan 87 p 16] /13104

REFUGEE CHOLERA DEATHS—Two persons have died of diarrhoea and vomiting at a Sri Lanka refugee camp at Koodal Nagar near here. An outbreak of cholera is suspected. Officials said that 37 persons from the camp with similar symptoms were admitted to various hospitals in Madurai. Of them while Nandini (10) died at a private hospital near the camp on January 14. Francis Marg (42) died at the Government cholera unit at Austinpatti near here on January 16. Twenty-three had been discharged, the others were doing well. There are 684 families in the camp, and they hail from various places like Pesalai, Talaimannar, Vavuniya and Naattarasankottai in Sri Lanka. Unclean living: Officials said the refugees were in the habit of eating beef and must have ate much during the festival season last week. This could have caused these symptoms. [Text] [Madras THE HINDU in English 20 Jan 87 p 3] /13104

MORE CHOLERA DEATHS—Two more persons have died of cholera after drinking water from a contaminated well in suburban Madras. They are Farida (5) and Bagyan (6). Three others who were admitted to the Government General Hospital in Tambaram died earlier in the week. Meanwhile, the District Health Officer, Saidapet, has launched a programme of inoculation, chlorination of wells and improved sanitation in Pammal and Anakaputhur. A DHO official said more than 25,000 residents of the affected areas have been inoculated against cholera by a team of 12 Government doctors. In addition, about 2,000 patients in Anakaputhur were inoculated by the Doctors Cell of the Tamil Nadu Congress Committee (I). Medical units in the area have begun treating suspected cases

on the spot and transporting serious ones to the General Hospital in Tambaram and the infectious Diseases Hospital in Tondiarpet, the official said. All the wells in the area have been chlorinated and water samples taken before and after chlorination are currently being analysed. [Text] [Madras THE HINDU in English 10 Jan 87 p 3] /13104

MEASLES EPIDEMIC—The Jammu and Kashmir chief minister, Dr Farooq Abdullah, flew to Sanku in Kargil district of Ladakh to assess the situation there arising out of a measles epidemic. Dr Abdullah, accompanied by his health minister, Mr L. Ram, held meetings with the district authorities to review the arrangements made to control the disease which has claimed 95 lives. The chief minister was told that medical teams from Srinagar and Kargil had already reached the affected areas with stocks of medicines. Dr Abdullah could not return to Srinagar due to the thick fog and was camping in Kargil. The health minister has not ruled out negligence on the part of health department officials as the main cause for the epidemic. [Text] [Calcutta THE TELEGRAPH in English 20 Jan 87 p 4] /13104

DECLARATION ON AIDS—The municipal commissioner, Mr. S.S. Tinaikar, has declared "Acquired Immunity Deficiency Syndrome" (AIDS) to be a "dangerous disease". Medical practitioners and heads of medical institutions should furnish details of the occurrence of the cases of AIDS which they might treat or come to know of the executive health officer of the Bombay municipal corporation. [Text] [Bombay THE TIMES OF INDIA in English 10 Jan 87 p 3] /13104

CSO: 5450/0087

BRIEFS

DENGUE FEVER IN ACEH—Banda Aceh, February 10 (ANTARA)—Dengue fever is rife again in the regency of West Aceh after the disease has swept five of the ten regencies in the province in the last 12 years. The head of the department of disease control of the regional office of the ministry of health, Rustam Effendi Roni, said Monday the disease had killed two of the four victims in the village of Padang Srait, Meulaboh, since the discovery of the epidemic in January. The contagious disease killed 80 people when it first struck the West Aceh regency in 1975 and up to 1986 it killed 94 people of the province. Roni said he had been worried about the epidemic but could do nothing as no funds were available. [Text]
[Jakarta ANTARA NEWS BULLETIN in English 10 Feb 87 p A2] /9317

CSO: 5400/4336

VACCINATION CAMPAIGN REPORTED IN FINAL STAGE

Baghdad THE BAGHDAD OBSERVER in English 20 Jan 87 p 2

[Article by Rushdi Sabbar]

[Text]

A country-wide drive to implement the final stage of the vaccination campaign started today.

The Minister of Health Dr. Sadiq Hameed Alwash, participated in the campaign by giving vaccines to some children in Sheikh Omar Health Centre.

A ceremony was held at the Centre and attended by the Ministry's Undersecretary, Heads of the Ministry's Departments, representatives of the World Health Organisation (WHO) and the United Nations' Children Fund (UNICEF) offices in Iraq, and representatives of some unions in Iraq.

The Minister pinpointed the aims of the campaign and the responsibilities of the sectors concerned with ensuring the campaign's success.

He also stressed the role of mass media and social organisations in motivating individuals and communities on an unprecedented scale.

He said that technical measures, by themselves, are not likely to have the impact desired.

Two other important developments are also necessary. These are the utilization of all forms of mass communication and the participation of social organisations and societies.

Dr. al-Baghdadi said that Baghdad city and its suburbs were geographically divided into 11 districts for this purpose.

Also, some 16 training courses were held for members of some unions to instruct them on the vaccination of children. Some 1012 trainees participated.

The Health Minister lauded the role of UNICEF in supporting Iraq to achieve the World Health Organisation's "Immunization for All by the Year 1990" target through an accelerated campaign.

The Minister said that a special committee in the Ministry in cooperation with

WHO's office in Iraq will make a revision of the results of the campaign's second and final stage. Upon the recommendations to be submitted by the committee, the Health Ministry will make preparations for another vaccination round.

Dr. Fuad al-Baghdadi, Director-General of Baghdad Health Department told *The Baghdad Observer* that in Baghdad the institutions concerned had made all preparations for the campaign in its final stage.

Some 167 permanent centres were opened in Baghdad and its suburbs to carry out the campaign in addition to touring teams who will give vaccines to children and pregnant mothers at their homes.

Dr. al-Baghdadi added that it is expected that 95 thousand children and a similar number of pregnant women will receive vaccines against polio, tetanus, TB, measles, whooping cough, and diphtheria, thus the

target of vaccinating 60 per cent of Iraq's children at this stage will be achieved.

The aim of the campaign is to cover 150 thousand children in the country, Dr al-Baghdadi said.

He expressed satisfaction at the results achieved so far in the country-wide vaccination campaign.

Quoting a report of the World Health Organization (WHO), Dr. al-Baghdadi said that Iraq is the first among the countries east of the Mediterranean to have successfully carried out the campaign.

Parents and pregnant women in the provinces of Iraq also rushed to health centres to have their babies vaccinated.

Every province has organized the vaccination drive in a way to cover as many areas as possible.

In Muthanna province, as many as 20 health centres and 24 touring teams have vaccinated thousands of children and pregnant women.

In Najaf some 42 permanent centres were opened and 14 health teams toured every spot in the province to vaccinate hundreds of babies and pregnant women.

The province of Saladdin launched a three-day vaccination campaign. Some 11,464 children have received vaccines against the

six diseases. Twenty-five permanent health centres have been opened and ten teams toured the province.

In Diyala Province, mothers rushed to vaccination centres to get their children vaccinated. Fifteen teams toured the province to give vaccines to children in addition to the permanent centres which were opened for this purpose.

In Sulcimaniya province some 137 permanent and touring teams vaccinated thousands of children.

The health centre, of al-Anbar province vaccinated thousands of children and pregnant women. Some 113 permanent and touring teams took part in the campaign.

In Meisan province some 20 thousand under-one-year children received vaccines in the campaign which was carried out by 25 permanent centres and 80 touring teams.

The Mayor and officials of Dhiqar province visited a number of vaccination centres to see for themselves how the drive was going on.

Some 100 centres were opened in addition to 307 touring teams to carry out the vaccination campaign.

In Arbil the Deputy-mayor of the province visited some of the vaccination centres to see the progress of the campaign.

Some 200 permanent and touring teams from 103 health centres took part in the vaccination drive in the province.

In Ta'meem province, some 53 thousand children and pregnant women today received vaccines.

About 65 permanent and touring teams participated in the campaign.

NOVEMBER FLU DEATHS REACH 154

Tel Aviv YEDI'OT AHARONOT in Hebrew 21 Dec 86 p 16

[Article by Dvora Namir: "One Hundred Fifty Four Died of Flu in November"]

[Text] The complications of the flu afflicting us these days resulted in 154 dead, including six babies less than 1 year old, two 14-year old children, and 17 young men, in Israel in November. Most of the other dead were old people over the age of 65.

The Ministry of Health does not yet have data on the number of death cases, which occurred in the middle of December, during which there was a big rise in incidence of the flu with the appearance of the "Singapore strain." However, high numbers are expected. The Ministry of Health receives reports at the end of every week, but the first 2 weeks in December have not yet been summed up.

Despite the death cases, the Ministry of Health is not excited, stating: "From year to year people forget what was. This year there is a panic only because the isolation of the Singapore strain, which is new, has been reported. Most of the deaths during November were due to flu caused by three old strains. The Singapore strain was first isolated in Israel only in December."

The Ministry of Health reported that 577 people died of flu complications last year. This information was given "in order to convince the public that the devil was not so terrible."

Experts still recommend that the population in danger, especially old people and those with chronic heart, respiratory, kidney, and lung diseases, be immunized immediately. Those that have not been immunized must receive two vaccines "in one shot."

It is recommended that one lie in bed when one feels weak and has a headache, drink a great deal, and rest with temperature-reducing medication. Only if the temperature does not drop after 2 days, or if complications appear, one should go to the doctor. Antibiotics are not effective against viruses and, therefore, should not be taken without a doctor's prescription.

11439

CSO: 5400/4507

TYPHOID FEVER OUTBREAK DELAYS SCHOOL OPENING

Nairobi DAILY NATION in English 11 Jan 87 p 28

[Text]

Schools in Ndivai, Boholi and Kimilili locations, Bungoma District, will not reopen tomorrow following an outbreak of typhoid fever in the area.

They will reopen on January 19. The decision was reached during a meeting of senior Government officials at the Bungoma DC's office. Those present included the Director of Communicable Diseases, Dr T. K. arap Siangok, the Provincial Medical Officer, Dr Martin Kayo, and the Bungoma acting DC, Mr Michael Momanyi.

Others were the Provincial Water Engineer, Mr W. Watagoro and the Bungoma Medical Officer of Health, Dr George Adiya.

Dr Siangok said he feared that the epidemic would spread fast among schoolchildren if preventive measures were not taken before the schools reopened.

Dr Adiya disclosed that 24 people had died at Mlaikhu, Lagulu and Bungoma hospitals since the outbreak of the disease last December 10. Another 245 had been admitted to the three hospitals, 193 proving positive on the typhoid test.

The team of medical officers appealed to wananchi in the district to inform health officials whenever they suspected any person suffering from the disease. The people were urged to maintain high standards of hygiene to stop the disease from spreading.

Schools likely to be affected most by the change of opening date include Kamusinga Boys, Kamusinga Girls, Lagulu and Mlaikhu High schools, which admit students from all over the country.

According to earlier reports, the disease was formally identified on January 2. Dr Odiya reported that the cause of the outbreak was drinking water from Ndivai and Makutwa rivers. He said the disease had spread out to Mt Elgon area.

On January 8, the acting Bungoma DC urged wananchi not to drink untreated water. He told them to boil water first before drinking it.

And Dr Kayo said he suspected that two water schemes operated by the Ministry of Water Development — Kaptini and Gicheri — were faulty.

/9317
CSO: 5400/96

CHOLERA EPIDEMIC DECLARED IN EIGHT DISTRICTS

Penang THE STAR in English 12 Jan 87 p 2

[Text]

ALOR STAR, Sun. — Mentri Besar Datuk Paduka Haji Osman Aroff has declared eight of the 11 districts in the State as "cholera epidemic areas" following the report of the 16th confirmed case today.

The districts are Kota Setar, Kubang Pasu, Padang Terap, Kuala Muda, Pendang, Yan, Sik, and Baling. The districts which are cholera-free thus far are Langkawi, Kulim, and Bander Baru.

Datuk Paduka Osman advised the people to avoid eating seafood, especially cockles, and hawkers food and drinks unless they were well-cooked and boiled.

He also urged the people to cancel all feasts (kenduris) to prevent the disease from spreading.

Three more carriers were reported today, bringing the total to 18. The death toll remains at one.

State Medical and Health deputy director Dr Ismail Mohamed Noor said today the latest confirmed victim was a 27-year-old Thai woman from Kampung Padang Pusing in Pendang.

He said the three new carriers were a 17-year-old boy and an eight-year-old girl from Kampung Batu Lima, Jeniang, and a three-year-old boy from Kampung Titi Panjang Aun, Kubang Pasu.

Dr Ismail, however, said the confirmed patients and carriers had recovered and were discharged from the Sungai Petani district hospital yesterday.

He said the worst-hit districts were Kubang Pasu (five confirmed cases and five carriers), Kuala Muda (three confirmed with one death and eight carriers), and Pendang (three confirmed and two carriers).

According to Dr Ismail, six of the carriers from Kuala Muda were members of a family.

"We have sent a health team to every district to monitor the situation," he said, adding that the department had also taken 606 water and 522 food samples for analysis.

Dr Ismail said 5,393 people in "sensitive areas" had been screened.

Datuk Paduka Osman said the State Government viewed the problem seriously and that the issue was discussed at the first State action committee meeting today.

"The people must be wary although the situation is under control," he said.

He said the State Medical and Health authorities had taken the necessary steps to prevent the disease from spreading.

Affected villagers, he said, should seek immediate medical treatment and report all suspected cases to the health department.

He advised the organisers of feasts, which could not be cancelled or postponed, to inform the health department so that samples of the food and drinks could be tested.

/9274

CSO: 5400/4332

HEALTH OFFICIAL ON CHOLERA, TYPHOID, MALARIA CASES

BK131507 Kuala Lumpur Domestic Service in Malay 1230 GMT 13 Feb 87

[Text] A Kuala Terengganu General Hospital spokesman said today six persons, including an infant, were admitted to the hospital for suspected cases of cholera. He said four of them are females, including a 6-month infant, while the other two are males. Four of them are from Kampung Udang in Marang District, another from Kampung Padang Lilin, while the infant is from Persiaran Petani in Kuala Terengganu. However, they have not yet been confirmed to be cholera-infected. This will be confirmed after tests have been conducted on them tomorrow.

The Terengganu State Health and Medical Services Department Director, Dr Haji Wan Mahmud Othman, said his department has detected about 1,500 cases of communicable diseases last year which is less compared to that of the year before which stood at 1,877 cases. He said two patients who died were confirmed as typhoid fever and enlarged heart virus carriers. He also said malaria forms the most number of cases detected totaling 259 cases. However, this number detected is less compared to the 1,050 cases detected the year before. He said among early preventive measures taken by the department included the addition of mobile health units, giving immunization injections, construction of flush latrines, and checks on cleanliness made in certain areas.

/9738

CSO: 5400/4334

BRIEFS

NATIONAL AIDS STATISTICS—The Mexican Consumer Protection Study Association has announced that the General Health Council of the Health Department has reported that AIDS is now an epidemiological problem in Mexico. The Consumer Protection Association said that over 4,000 cases of AIDS have been reported in Mexico. [By Marcela Rubin] [Excerpt] [Mexico City EXCELSIOR in Spanish 3 Jan 87 p 18-A] 7679

NUEVO LEON AIDS CASES—Monterrey, N.L., 8 Jan 87—The number of AIDS cases reported by Social Security Hospital no 25 in Nuevo Leon has reached 16. Today six patients with AIDS were admitted, reported the hospital's infectious diseases specialist, Juan Jacobo Ayala Gaytan. He said that the first cases appeared in early 1984, and of the 10 persons reported infected with AIDS between that time and the admission of the new patients today, none is still surviving. Ayala said that after the discovery of AIDS, a campaign reaching out to homosexuals began, urging them to seek proper medical care. "In the beginning this program was quite successful, for the patients started to come in for medical checkups, but when the police began their roundups, they stopped coming in." [Excerpt] [Mexico City EXCELSIOR in Spanish 9 Jan 87 STATES section, pp 1, 3] 7679

JALISCO AIDS CASES—Guadalajara, Jal., 11 Jan 87—Arturo Ruiz Garcia, 24, died yesterday of AIDS, reported the head of the Regional Hospital's department of infectious diseases, Francisco Javier de la Cabada. According to Dr de la Cabada, so far over 60 cases of AIDS have been diagnosed, and of these, 45 have died. He explained that many AIDS patients are in private clinics and hospitals, which do not report their illness and sometimes even conceal the cause of death. Ruiz Garcia, said de la Cabada, entered the hospital on 1 January, and according to his clinical records, had been working as an undocumented farmworker in the United States. He returned from the United States with a drug addiction and with AIDS. Relatives of Ruiz Garcia said that Arturo had lost his appetite and seemed depressed, so they took him to a private doctor who diagnosed AIDS. This diagnosis was confirmed by blood tests and medical studies done at this hospital. His relatives have given permission for an autopsy to be performed, as it is not known when he contracted AIDS in the United States, where he had been working since last year. [By Eduardo Chimely] [Text] [Mexico City EXCELSIOR in Spanish 12 Jan 87 STATES section, p 1] 7679

CSO: 5400/2027

SOPALA VACCINATION CAMPAIGN FAILS FOR LACK OF RESOURCES

Maputo NOTICIAS in Portuguese 29 Nov 86 p 3

[Text] A total lack of gasoline and electricity to operate the refrigerated units where vaccines are kept, coupled with a shortage of vehicles to transport the medicine to more remote areas, were the main reasons why the goals of the Extended Vaccination Program set for the first half of this year in Sofala Province were not met.

For neighboring districts of the city of Beira, these factors did not affect the program as much as in other districts where either the goal was met only at the district headquarters, or very little was done in the district as a whole.

The most disastrous situation occurred in the parts of Sofala located furthest from the capital, where no vaccinations were administered. The vaccines never arrived at some places, such as Chibabava district, for instance.

This information was gleaned from biannual reports of the District Health Directorates in Sofala, presented recently at the 16th Meeting of the Provincial Health Coordinating Council headed by Provincial Director Manuel Julien and attended by physicians, district directors and chiefs of provincial sectors.

The most flagrant example is Chibabava district, where there were no vaccines of any kind available, despite the various arrangements made by the relevant district offices, together with the provincial preventive medicine unit.

During the first half of this year, cases were reported in Chibabava district which, according to the local administration, would not have occurred if the preventive medicine unit had been supplied with vaccines, and thus could have carried out the normal vaccination program.

For Chibabava district, the only problem related to the Extended Vaccination Program is a lack of petroleum to operate the only two freezers in the district, namely one at district headquarters and the other at Goonda administrative settlement, both of which are in good condition. The last supply of petroleum to Chibabava district was in 1984.

"No activities were conducted under this program, because of current conditions in the district. The major problem is a lack of fuel and electricity to operate the refrigerated units," the District Health Office in Cheringoma reported, noting the low indices for vaccinations. "But this reflects the current situation and reality in our district," the report added.

Further complicating this situation is the problem of the disruptive activities of armed bandits still affecting some districts, albeit indirectly.

All these setbacks are occurring at the same time as we are witnessing a constant rise in the number of patients in medical facilities in remote areas of the province afflicted with endemic diseases such as measles, poliomyelitis, pulmonary tuberculosis, infantile paralysis, and tetanus, among others.

Dondo, the district closest to the city of Beira, reports that it has no gas shortage problems. This is probably why the goal for the first half of the year in BCG was surpassed by 37 percent, attaining 139 percent.

9805/13104
CSO: 5400/70

BRIEFS

CHILDREN VACCINATED IN CHICUQUE—Agents from the Preventive Medicine Unit at Chicunque Rural Hospital in Maxixe, Inhambane, vaccinated 58 children at the medical station in Agostinho Neto Communal Village in October. The children, ranging from newborn to [illegible] years of age, were vaccinated against measles, tetanus, tuberculosis and whooping cough. The head of the medical station, Pascoal dos Santos Cabral, 34 years of age, said that the station treated 27 patients a day and that the ailments most frequently treated were malaria, diarrhea, headaches, conjunctivitis, fever and wounds. The station was started in November 1979. Medicines are supplied by Chicunque Rural Hospital. [Text] [Maputo NOTICIAS in Portuguese 29 Nov 86 p 2] 9805/13104

CSO: 5400/70

SIX THOUSAND MEASLES CASES EXPECTED

Noumea LES NOUVELLES CALEDONIENNES in French 17 Jan 87 p 3

[Article by Herve Girard: "Epidemic to Take Heavy Toll in Territory"]

[Text] A measles epidemic has been hitting the Territory since the end of November and infant medicine specialists estimate that there will have been close to 6,000 cases by the time it ends.

It should last another 1 or 2 months and it should cost the community around Fr90 million in medical expenses.

This is a disease which we can prevent since there is a vaccine for it. It is sold at a price of Fr1,015 per dose; that is rather little when compared to the Fr15,000 which is the average price tag for each case to be treated; this takes into account the days of work lost by parents to take care of their sick children. According to a considerable number of doctors, making vaccination mandatory would make it possible to interrupt the cycle of these epidemics which have been developing in Caledonia almost every 3 years.

Measles are caused by a virus and contagion takes place directly by air. The incubation period lasts 10-12 days. By way of symptoms, one can observe an acute inflammation of the mucosae of the eyes and the nose, coughing, followed by fever with eruption of red papules all over the body. The disease lasts between 4 and 6 days. Complications can lead to bronchial pneumonia, otitis, diarrhea, and encephalitis. Measles are far from benign, as some people believe. They cause 1.5 million deaths per year worldwide. It must however be noted that these deaths happen above all in the poor countries because malnutrition reduces the organism's resistance. These countries often lack doctors and medications and, if they do have them, the children are often taken to the office too late out of negligence or ignorance.

Caledonia for its part has excellent medical coverage and hospital facilities, along with a competent medical profession, thus permitting the treatment of complicated cases under good conditions. The death rate is thus very low and in some cases it simply does not exist in the Territory where there have been no deaths due to measles since the outbreak of the epidemic.

The theoretical death rate here is 1 percent and that is essentially equal to the rate of the developed countries whereas it is between 10 and 30 percent in the Third World.

One Solution: Vaccination

As regards the epidemic phenomenon, measles reappear regularly according to a known cycle corresponding to the arrival of new generations of nonimmunized infants who constitute fertile ground for the reactivation of the virus. It is believed that 60 percent of the nonimmunized children in a given population constitute the condition for the outbreak of an epidemic. To understand this, we must recall that the disease itself creates an immunity among individuals.

This is a well-known natural cycle which only vaccination can interrupt. Given the social conditions connected with this disease, one cannot understand why vaccination is not made mandatory (not in Caledonia any more than in the home country, by the way). In metropolitan France, information drives geared toward this means of prevention made it possible to reduce the number of annual cases. This could be done in the Territory following the institution of legal regulations because the decision is a political one, in the end. The stakes seem to be worthwhile, judging by the American example: in 1982, only 1,697 cases were recorded in the United States. By comparison, 500,000 were observed in metropolitan France during 1981, with 6,000 requiring hospitalization. At this time, one out of every two children in Noumea admitted to hospitals has this disease.

5058

CSO: 5400/4328

INCIDENTS OF HYDROCEPHALUS ON THE INCREASE

Lagos DAILY TIMES in English 6 Jan 87 pp 1, 9

[Article by Olu Akinboyewa]

[Text] Hydrocephalos, the infants brainwater disease commonly caused by viral infections of the foetus in expected mothers is on the increase in Nigeria, [as published]

About 15 of such "deadly" cases are registered weekly at the Lagos University Teaching Hospital (LUTH).

The commonest among the brainwater diseases called toxoplasmosis has been prevalent in the hospital in the past 18 to 20 years.

During the week, three children were awaiting surgical operations in one of the two clinics operated by the Ojikutu team.

It was learnt that the possibility of an early operation depended on the parents who had to buy the equipment costing about ₦2,500 each from abroad.

It was gathered the two most essential instruments out of the four necessary for its treatment are not available in LUTH. On the out-of-stock list is "CAT SCAN," a special X-ray machine which X-rays the brain in a slicing version to detect any abnormality and "SHUNT" an expensive special pump usually implanted in the brain cavity to expel excess water.

The Head of the Neuro Surgery unit of the College of Medicine, University of Lagos, Professor Nosiru Ojikutu in an exclusive interview explained that the germs usually obstruct the pathway of the cerebrospinal fluid (brainwater) resulting in tension and abnormal inflammation of the membranes.

Sometimes, he added, the pathway may be destroyed completely forcing the brainwater to flow back into the brain resulting in subsequent enlargement of the cavity.

Professor Ojikutu said research had revealed that most women with such abnormality had at one time or the other indulged in the use of unpre-scribed drugs including tranquilizers or sleeping tablets which deformed

the unborn child; "dogonyaro," the anti-malaria drug; inadequate and over-dose use of vitamin "A" and brain tumour.

Others include bleeding inside the brain resulting in blood clotting, pus in the brain, the presence of a foreign body e.g. solid bullet or bone fracture in the brain which lodges inside the brainwater pathway, worm infection especially taenia solium a typical pork meat worm which has affinity for the brain, abnormal brain cyst a protrusion usually at the back of the rear brain, and diabetes.

Professor Ojikutu advised that mothers should study critically any progressive increase in the size of the head of their infants which follows a few days after malaria attack and report such to the hospital.

/9274

CSD: 5400/100

GASTROENTERITIS, MEASLES CLAIM LIVES IN RIVERS STATE

Lagos DAILY TIMES in English 19 Jan 87 p 12

[Text]

ABOUT 50 people are reported to have died from an outbreak of measles and gastro-enteritis in Obibi in the Ikwere/Ekoko Local Government area of Rivers. The medical officer in charge of the rural health office in the area, Dr. U.M. Nyamman, told newsmen on Wednesday.

He said that a team of health officials had been drafted to control the situation and that the gastro-enteritis was caused by drinking water from a polluted stream while the measles was due to the poor response to the Expanded Programme on Immunisation (EPI) in the area.

He expressed sympathy for those who lost their children in the epidemic and advised the people to report any signs of the disease to his office for action. He also advised them to send their children to the

Unwogurum-Obibi Health Centre for immunisation as part of the efforts to combat the measles outbreak.

Reports also received by a News Agency of Nigeria (NAN) correspondent showed that an outbreak of cholera has been reported in some parts of the Yamaga Local Government area.

The chairman of the local government, Mr. Emame Fawel, said in a statement that the disease was located in Amasama, Ilagro, and Gbama and that public health officials had been drafted to the area.

He, however, described the medical facilities at the disposal of the health officials in Yamaga as inadequate to cope with the situation and appealed to the state Ministry of Health to come to the aid of the local government in combating the epidemic.

/9274

CSO: 5400/99

BAUCHI STATE LOCAL DISTRICTS CONFIRM MENINGITIS CASES

Kaduna NEW NIGERIAN in English 23 Jan 87 p 16

[Article by Waziri Garba]

[Text]

CEREBRO-SPINAL-MENINGITIS vaccines totalling 200,000 doses have been obtained to curb the spread of the disease which has claimed the lives of 12 persons in Bauchi State, Commissioner for Health, Dr. Garba K. Dagauda, has said.

He said 110,000 doses of the vaccine have been received and were being used to check the disease while arrangement has been completed to transport the remaining 140,000 doses from Lagos.

Dr. Dagauda confirmed to the *New Nigerian* on Thursday that six local government areas, namely Gomba, Bauchi, Tafawa Balewa, Darazo, Akko and Tangale-Waja were affected by the outbreaks.

He however, said it has been put under control in Bauchi, Gomba, Tafawa Balewa and Darazo local government adding that efforts were now being

intensified in Akko and Tangale-Waja local governments as well as other areas likely to contract the disease.

He said an earlier plan by the state government to carry out a mass vaccination against the disease had to be shelved due to lack of funds.

Dr. Dagauda said the alternative arrangement was to use the drugs available to treat those affected by the disease and vaccinate people in the area where the disease was reported to prevent spread.

A team of health workers, he said, had been despatched for the treatment and vaccination against the disease in the affected areas as well as to educate the people on other preventive measures.

The commissioner said although the report showed that quite a number of people were affected by the disease, it was difficult to ascertain the number of people who died.

/9274

CSO: 5400/99

12 OUT OF 15 REPORTEDLY CARRY HEPATITIS VIRUS

Kaduna SUNDAY NEW NIGERIAN in English 25 Jan 87 p 16

[Text]

THE co-ordinator of the Task Force on Viral Hepatitis in Africa, Prof. E. A. Ayoola, on Thursday in Sokoto said that 12 of every 15 Nigerians carry in their blood the hepatitis virus which causes cancer of the liver.

Prof. Ayoola, who is also the provost of the College of Medicine, University of Sokoto, told a correspondent of the News Agency of Nigeria (NAN) that the hepatitis 'B' virus which is transmitted in the first five years of life, had a high mortality rate, adding that 25 per cent of those who carry the virus, die of cirrhosis of the liver.

He said that to control the spread of the virus, the task force was working out an immunisation strategy that would be incorporated into the Expanded Programme on Immunisation in the country.

Prof. Ayoola said that the task force would next month participate in a conference in Kenya on how to immunise and control the spread of hepatitis. (NAN).

/9274

CSO: 5400/99

ANAMBRA STATE LAUNCHES GUINEA WORM ERADICATION PROGRAM

Lagos DAILY TIMES in English 23 Dec 86 p 3

[Text] Hundreds of Effium people in Ishielu Local Government area of Anambra, including those deformed by guinea worm, turned out at the Central School in the town at the week-end to witness the launching of the state's Guinea Worm Eradication Programme by the Health Minister Professor Olikoye Ransome-Kuti.

Some healthy people said that they came to learn new methods of preventing the disease while the afflicted ones came with the hope of being treated.

They were not disappointed as some of those suffering from the disease received treatment on the occasion while posters showing that the disease can be prevented by drinking boiled or filtered water were issued by the minister for display in the area.

Inexpensive methods of filtering water were also demonstrated on the occasion.

Launching the programme, Prof Ransome-Kuti said that guinea worm was a serious national health problem which, he said, existed in many states of the federation and which could be eradicated through the introduction of effective water scheme.

He said the Federal Government, with the assistance of UNICEF, had embarked on the sinking of boreholes throughout the federation, adding that priority was being given to areas with high prevalence of guinea worm and other water [words deleted].

/9274

CSO: 5400/100

BRIEFS

MENINGITIS REPORTED IN ABUJA—The Health Department of Ministry of the Federal Capital Territory has begun mass immunisation of all Abuja residents against cerebrospinal meningitis. This followed a confirmed out-break of the disease at Kabusa Village in Kuji development areas of the territory. Speaking shortly after vaccinating Abuja Minister Air Commodore Hanza Abdullahi, the director of health, Alhaji Ahmed Attah, said more than 3,000 people had been vaccinated in the affected village and its environs. He said there was only one proven case of meningitis in the village and that there was no scientific evidence that some people, who lost their lives in the village died as a result of the disease. Dr Attah said that about 60,000 doses of the CSM vaccines and 40 machines capable of vaccinating about 500 people an hour have been acquired to combat the disease. [Text] [Lagos DAILY TIMES in English 26 Jan 87 p 3] /9274

AIDS SCANNING MACHINE FOR UNIVERSITY--The University of Maiduguri Teaching Hospital (UNIMATH) has acquired a machine capable of testing 10,000 people a day for the Acquired Immune Deficiency Syndrome (AIDS). The chief medical director of the hospital, Professor Idris Mohammed disclosed this in Maiduguri yesterday. He was speaking at a press conference by the Borno State advisory committee on AIDS of which he is the chairman. Professor Mohammed urged members of the public to avail themselves of the facility by coming to the hospital for a medical check-up. According to him, the disease is common among Interavenous drug abusers, homo-sexuals, sexually promiscuous people and through blood transfusions. [Text] [Lagos DAILY TIMES in English 23 Jan 87 p 16] /9274

CSO: 5400/100

GOVERNMENT SAID PLANNING TO PROVIDE 'MEDICAL COVER FOR ALL'

Lahore THE PAKISTAN TIMES in English 3 Feb 87 p 4

[Article by Allauddin Masood]

[Text]

Health is an important factor for the strength, progress and prosperity of a nation. Good health is equally important for the happiness of a common man, his efficiency as a productive and useful citizen and in the richness of his family and social life.

Fully conscious of the importance of health for the nation as well as common man, the Government of Pakistan seems determined to extend primary health cover to the entire population, the rural as well as the urban, by the turn of the present century.

This goal, in fact, forms a major plank of Prime Minister Mohammad Khan Junejo's five-point programme which aims at improvement in the quality of life of the people, particularly of the rural masses, through literacy, employment, housing, health care and creation of a just equitable Islamic social order.

To achieve this lofty goal, the government is taking all possible measures for the systematic and rapid expansion of health services. If the progress achieved by Pakistan in this sector over the past one-and-a-half year or so could be maintained the country would achieve the coveted goal much before the year 2000.

Upto 1960, at least 70 per cent population of Pakistan, which lives in the rural areas, did not have any health facility worth the name. Some efforts to create health facilities in the rural areas were initiated in 1961, but the progress remained lardy till 1975. During this period (1961-1975), the rate of establishing health centres in the rural areas did not go beyond nine centres per year.

The pace slightly picked up from 1976 onwards when for the first time the concept of basic health units for a population of about 10,000 persons or equivalent to that of a union council at that time was introduced.

The basic health units (BHU) is the smallest health care unit in Pakistan and it is staffed by one doctor, a medical assistant, a lady health visitor, a dispenser, a nurse/midwife, a sanitary inspector and other supporting staff. Most of the BHUs have recently been equipped with X-ray plants also.

Some 1,224 basic health units and 233 rural health centres were established in the country from 1976 to 1983. However, things started moving fast in the real sense during the Sixth Plan period when during the first three years alone some 1,112 basic health units and 124 rural health centres were commissioned raising the total number of basic health units to 2,500 and the rural health centres to 448.

The existing 2,948 primary health units (2,500 basic health

units and 448 rural health centres) are catering to the requirements of the masses in 2,800 union councils, some of which have more than one health facility. This figure constitutes some 60 per cent of the total numbers of union councils in the country. In other words, it can be said that 60 per cent population of the rural areas have already been provided with basic health units.

The government envisages to provide primary health care to an additional 1,147 union councils before the conclusion of the Sixth

Five-Year Plan. This would in return extend health facilities to the inhabitants of the 96 per cent of the union councils. It is proposed to provide basic health care to the remaining 165 union councils, before 1990 thus bringing all the union councils in Pakistan within the folds of the primary health care.

ALLOCATION

Against less than Rs. 10 million in the early sixties, the allocation for creating new basic health care facilities was Rs. 1,150 million in the current financial year. If the expenditure on preventive programmes and development of health manpower for primary health care facilities was added to it, then the government was spending about 60 per cent of the capital outlay for primary health care in the rural areas.

Basic health units feed into the rural health centres. Normally, one rural health centre caters to the medical requirements of 50,000 persons. Each rural health centre has two male doctors, one lady doctor and a supporting staff of about 20.

As the weakest aspect of the rural health programme was the link with the referral system, this has been improved on priority basis by providing ambulance cars to all rural health centres. In addition to maternity and child health care, laboratory and X-ray facilities are being improved at rural health centres. Residential accommodation for doctors and

other staff members is also being provided to attract suitable persons for jobs in the rural areas.

The basic health units (BHU) and the rural health centres are an essential component of a nationwide medical care system which has been established by integrating BHUs with the rural health centres, the rural health centres with the tehsil hospitals, the tehsil hospitals with the district hospitals and the district hospitals with the teaching hospitals.

Serious and complicated cases requiring prolonged indoor treatment which cannot be given at the BHUs or the rural health centres,

are referred to tehsil headquarters hospitals. Each tehsil headquarters hospital has three doctors as well as one dental surgeon and a paramedical staff of about 25, including at least one female nurse. These hospitals are equipped with X-ray plant, laboratory, ambulance etc.

The hospitals at tehsil level do not have specialists and as such patients requiring the attention of specialists are referred to district headquarters hospitals. The district headquarters hospitals have 100 to 200 beds for indoor treatment. Specialists in all major fields - surgery, medicine, radiology, pathology, anaesthesia, gynaecology, ophthalmology, dentistry, child care, ENT - are available at every district headquarters hospital. One nursing school is also attached to the district headquarters hospitals so as to ensure the availability of trained nursing staff. However, these hospitals in many cases have yet to be equipped with the latest and sophisticated diagnostic and therapeutic equipment.

Any patient who requires to be diagnosed by the modern sophisticated equipment or needs academically oriented meticulous care, can be referred to the teaching hospitals. All teaching hospitals in Pakistan have the latest laboratories and equipment in every field and trained staff to operate them. The Federal Capital Territory (Islamabad-Rawalpindi) and every provincial capital in Pakistan has one or more teaching hospitals.

It is obligatory for professors of teaching hospitals to visit the respective department in a district headquarters hospital every month. Similarly, associate professors and assistant professors are required to visit one tehsil headquarters hospital every month. This method, which extends specialists' advice and care to the rural areas, has proved to be very beneficial as it minimises the need for patients to travel from distant areas to the teaching hospitals.

As stated earlier, the government plans to establish at least one BHU in every union council by 1980. Thus through a chain of basic health units, rural health centres, tehsil hospitals, district hospitals and teaching hospitals, Pakistan shall be able to provide medical cover to all its citizens by 1980, i.e. 10 years before the UN target.

Pakistan plans to introduce a scheme for National Health Insurance during the Seventh Plan Period. After launching of the scheme, the entire population of Pakistan would become eligible to receive free medical treatment.—NPTS.

LEPROSY CASES REPORTEDLY CUT 80 PERCENT

Beijing CHINA DAILY in English 3 Dec 86 p 3

[Text] Medical successes over the past three decades have reduced cases of leprosy in China by 80 per cent, China Daily was told by the Ministry of Public Health. There are now 100,000 lepers in this country compared to the half million cases counted in China in the early 1950s.

The country plans to wipe out leprosy completely by 2000, but there is a possibility that this target may be achieved by 1996--four years ahead of schedule--when the World Convention on Leprosy is held in Beijing, according to a ministry spokesman.

China has already wiped out leprosy in half of its more than 2,000 counties and 324 cities, according to reports from the recently-concluded Sixth Dermatology Seminar of the China Medical Society.

A total of 11,000 Chinese medical workers now specialize in treating leprosy and sufferers can now be treated at home instead of in isolation wards as before, the seminar was told.

Chinese physicians have developed a method of using several drugs at once to treat lepers. These methods have proved more effective than the traditional single-medicine treatment.

Meanwhile, other diseases such as lupus erythematosus, scleroderma and dermatomyositis can now be treated by using Chinese traditional medicine, Western medicine or a combination of the two, according to the seminar.

Dermatologists in China have experimented in treating psoriasis with medicinal herbs, or herbs supplemented by Western medicine. Both have showed favourable results, the seminar was told.

Anti-malaria

The Ministry of Public Health has also set an annual malaria reduction rate of 10 per cent over the next five years, according to People's Daily.

In its National Plan for Malaria Prevention and Control during the 1986-90 Five-Year Plan, the Ministry has asked health authorities across China to take effective measures to reduce cases of malaria.

According to the plan, the number of counties and cities with a malaria incidence rate above 1 per cent of its total population should be reduced by half by 1990. Those with an incidence rate above one per thousand should be reduced by a third to a quarter in the next five years.

The Ministry has also called for the eradication of malaria in Shandong Province and complete control of the disease in Jiangsu, Anhui and Henan provinces by 1990, People's Daily said.

/12828

CSO: 5400/4118

STUDY OF TRANSMISSION OF HEPATITIS B VIRUS FROM MOTHER TO NEWBORN

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]
in Chinese Vol 20 No 5, 25 Sep 86 pp 264-266

[English abstract of article by Sha Qinghong [3097 1987 3163], et al., of the
Anti-Epidemic Station of Guangdong Province, Guangzhou, etc.]

[Text] Ninety-six newborn babies of HBsAg-positive mothers were followed up by reversed passive hemagglutination assay (RPHA) for three years. The HBsAg of 35 and 42 of them became positive 6 months and 1 year after birth respectively. 32 of them remained persistent HBsAg-positive. The HBsAg-positive rate of babies of HBsAg-positive mothers was 83.3 percent, while that of HBsAg-negative mothers was 38.5 percent. The HBsAg-positive rate of babies of mothers with HBsAg-positive saliva was 65.4 percent, while that of babies of mothers with HBsAg-negative saliva was 31.1 percent. The HBsAg-positive rates of babies with mother's blood HBsAg RPHA titers $< 1:32$, $1:64 - 1:128$, and $\geq 1:256$ were 16.2 percent, 48.6 percent and 81.1 percent respectively. These results suggest that the transmission of HBV from mother to newborn baby is closely related to HBsAg-positive blood, HBsAg-positive saliva and HBsAg blood titers of the mother. Only one HBsAg-positive case was detected from 105 newborn babies of HBsAg-negative mothers in a one-year follow-up after birth.

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POSTPARTUM HORIZONTAL TRANSMISSION OF HEPATITIS B VIRUS-CARRIER MOTHERS

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]
in Chinese Vol 20 No 5, 25 Sep 86 pp 267-268

[English abstract of article by Liang Yuilin [2733 3843 2651], et al., of the
Health and Anti-epidemic Station of Xinxing County, Guangdong Province]

[Text] Twenty-three children of HBsAg-positive mothers and twenty-five of HBsAg-negative mothers were followed-up for three years. The cumulative HBsAg-positive rates of both groups were respectively: 65.2 percent (15/23) and 12.0 percent (3/25) by RPHA ($P < 0.001$); 82.6 percent and 12.0 percent by RIA. When the children which had tested negative to both HBsAg and anti-HBs at 12 months of age were re-examined at 36 months, HBsAg was detected in 36.4 percent (4/11) of the children of HBsAg-positive mothers and 12.5 percent (3/24) of the children of HBsAg-negative mothers by RPHA. These results suggest that HBsAg-positive mothers have a high rate of infectivity toward their children not only in the perinatal period, but also in the postpartum horizontal transmission.

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LONG-TERM SERO-EPIDEMIOLOGICAL SURVEY OF MOTHER-INFANT TRANSMISSION OF HBV

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE]
in Chinese Vol 20 No 5, 25 Sep 86 pp 269-271

[English abstract of article by Pan Zuoqing [3382 0155 3237], et al., of
Wenzhou Anti-epidemic Station, Zhejiang Province]

[Text] This report describes a five-year observation of mother-infant transmission of HBV. Seven of twenty-three (30.4 percent) infants of HBsAg positive mothers were HBsAg positive within six months following birth, including all five infants of the five HBeAg positive mothers. While all 22 infants of the HBsAg negative mothers remained negative during the same period, it was found that 66.7 percent and 62.5 percent of the infants in the study group and the control group respectively were infected with HBV in 60 months. The results show that HBV infection can occur during the perinatal period and later by horizontal transmission.

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CSO: 5400/4111

CONSTRUCTION OF RECOMBINANT PLASMID pKSV-HBs CONTAINING HBsAg GENE AND ITS
EXPRESSION IN NIH 3T3 CELLS

Beijing ZHONGHUA WEISHENGWUXUE HE MIANYIXUE ZAZHI [CHINESE JOURNAL OF
MICROBIOLOGY AND IMMUNOLOGY] in Chinese Vol 6 No 4, Sept 86 pp 259-263

[English abstract of article by Jin Zhuang [6855 1104] of the Department of
Immunology, China Medical University, Shenyang]

[Text] Plasmid pKSV-HBs containing 2.7 kb HBsAg gene fragment was constructed
by a recombinant DNA technique. In the preparation of the pKSV-HBs, the
cloned HBV DNA was recycled and cut with BglII, and after digestion the ex-
tracted 2.7 kb HBV DNA fragment containing the HBsAg gene was finally
inserted into the vector pKEV-10 in the BglII site.

The NIH 3T3 cells transferred with pKSV-HBs were cultured in HATXM selection
medium for the isolation of resistant positive colonies. Finally a high
HBsAg production transformed cell line with a HBsAg production of 4.2 g/ml/
10 cells/day was established.

The integration pattern of transformed NIH 3T3 cell DNA was studied with
southern blotting. It was found that the HBsAg gene fragments integrated in
transformed cells were multiple copies, which seemed to be in the form of
intact plasmic pKSV-HBs. By analyzing this with northern blotting, the main
transcript responsible for the translation of the HBsAg gene of the transformed
cells is in 2.2 kb, and the function of another transcript in 4.4 kb is
unknown.

S1 mapping of the above transcripts showed that there may be two transcription
initiation sites which exist in the SV40 replication origin and the pre-S
region respectively. This suggests that there probably is a promoter function
in the pre-S region of HBV DNA.

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SEPARATION AND PURGE OF PARASITIC CYSTS FOR PREPARING ELECTRON MICROSCOPIC SPECIMEN

Hebei ZHONGHUA WULI YIXUE ZAZHI [CHINESE JOURNAL OF PHYSICAL MEDICINE]
in Chinese Vol 8 No 3, 25 Sep 86 pp 184-186

[English abstract of article by Du Zhiming [2629 0037 7686], et al., of the
Department of Parasitology, Hebei Medical College]

[Text] The cysts of intestinal protozoa were passed with the host's feces. The basic available methods in the prevention of intestinal protozoal infection are to kill the cysts and hinder their entrance into the human body. The Ficoll-Urografin mixture was used to separate the cysts due to the fact that the specific gravity of the mixture was different from that of the cyst. The cysts were further purged using microporous filters. Therefore, only purged cysts remained for preparing the electron microscopic specimen. This method permits the identification of separated cysts from feces and may provide the morphological basis for killing intestinal protozoal cysts in the future.

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9717

C80: 5400/4110

BRIEFS

JIANGSU CURBING CHILDHOOD DISEASES—Nanjing, 21 Jan (XINHUA)—Some 95 percent of the children in Jiangsu Province, east China, have received diphtheria measles, polio and bacille Calmette-Guerin shots since 1980, an official of the Jiangsu Provincial Sanitation and Entiepidemic Station told XINHUA today. The incidence of polio and pertussis has decreased by 86 and 75.3 percent, respectively. Measles and diphtheria have almost been eradicated the official said. Statistics show that about 1.2 million children die of the above-mentioned six diseases every year and about five million become handicapped. The east China province has stressed the prevention and control of infantile diseases like pertussis, measles, poliomyelitis, diphtheria, tetanus and tuberculosis in the past several years. Several antiepidemic teams for outpatient service have been set up across the province. The official said that one yuan of investment in the antiepidemic work can save 29.6 yuan in provincial medical expenses. The Chinese Government recently stated that China will further stress the prevention of infantile infectious diseases, and by the year 1990, 85 percent of the nation's children will be inoculated against the four diseases. [Text] [Beijing XINHUA in English 0249 GMT 21 Jan 87 OW] /9738

NEW DIAGNOSTIC REAGENT—Changsha, 23 Jan (XINHUA)—A new reagent for diagnosing schistosomiasis (snail fever), developed by a Chinese army hospital, has passed tests by medical experts. The new reagent, called sensitizing freeze-dried blood cell reagent, can help doctors diagnose schistosomiasis—a common disease in southern China—in less than 30 minutes with a near 100-percent accuracy. The recent test and clinical use of the reagent in army hospitals in a dozen provinces and one municipality show that the reagent requires little blood for the test, can be stored for a long time, and is highly sensitive, accurate and easy to use. The new reagent has been approved by China's national committee for schistosomiasis prevention research for clinical diagnosis. [Text] [Beijing XINHUA in English 0124 GMT 23 Jan 87 OW] /9738

CSO: 5400/4120

HEALTH MINISTRY PREPARES FOR AIDS CASES IN 3-5 YEARS

Quezon City VERITAS 11-17 Dec 86 pp 18, 20

[Article by Lorenzo B. Ziga]

[Excerpts]

THE country sleeps and the nightmare approaches.

In the next three to five years — about the time it takes for the AIDS virus to incubate — the country may wake up to a health problem that has claimed 15,000 lives in the US alone, and for which no cure or vaccine is in sight.

Even as medical communities elsewhere in the world race against time in the search for a cure, the Ministry of Health (MOH) is concerned with the process of building up a data base on the local AIDS situation. Although the MOH is now conducting blood tests among hospitality girls and entertainers, health authorities maintain that for now, the 20 women found to have been exposed to the virus "do not constitute a problem yet."

"We have no indigenous AIDS virus in the Philippines," reveals Dr. Virginia Besaca-Sevilla, a former director of MOH's Bureau of Laboratory and Research.

Of the 15,000 hospitality girls tested for HIV (Human Immunodeficiency virus, the AIDS virus), 20 were found to have been exposed. At least three of those found seropositive had swollen lymph glands, indicating the progress of the disease.

Besaca-Sevilla reports that most of the victims worked as hospitality girls in Angeles and Olongapo, site of US military bases in Clark Air Base and Subic Naval Base.

Dr. Besaca-Sevilla led the MOH AIDS screening team that has carried out tests in 18 population and urban centers since

1985. The team went to Davao, Gen. Santos, Tagum, Panabo, Marvel, Butuan, Cotabato, Lanao del Sur, Mandaue, Iloilo City, Bacolod, Silay, Cagay, Roxas City, Baguio, Cagayan de Oro, Zamboanga, Tuguegarao, and Quezon City. Blood samples were obtained from hospitality girls in these places and sent to the Navy and Army Medical Research Unit (NAMRU) No. 2 which provides the equipment and medical kit for the testing program.

Those found positive for the AIDS antibodies using the enzyme-linked immunosorbent assay (ELISA) are placed under observation for a week at the San Lazaro Hospital. The progress of the disease is monitored by the MOH through the Olongapo Health Office.

Father Shay Cullen of Olongapo City's PREDA Human Resources Development Center who had also exposed child prostitution in Olongapo during the time of then Olongapo City Mayor Richard Gordon cites a confidential but unconfirmed report from Washington that after a series of tests on US sailors begun by the Navy in 1985, 47 cases of AIDS were uncovered among Navy servicemen; 32 of them were said to have been in Subic at one time or the other. Asked for comment, US Embassy spokesman Alan Croghan told *Veritas* he would look into Cullen's report.

Cullen says that the high incidence of AIDS in areas near the American military installations in the Philippines would perhaps show that the virus came from US servicemen. Other sectors are quick to point

to other foreign tourists as sources of the virus.

"The high incidence of AIDS around the US Naval Base and Clark Air Force in Angeles City points an accusing finger at the US Armed Forces as the source of AIDS in the area," Cullen observes.

As of October 12, 300 bar girls from Olongapo had signed a manifesto calling on the United States to finance the medical needs of all girls in Olongapo and Angeles who might be exposed to the HIV virus. The manifesto was prepared by GABRIELA, a militant women's group. Said the bar girls:

"Kani ang mga babang nagtatrabaho sa Olongapo bilang entertainers at waitresses. Nagkita kami na ang sakit na AIDS ay galing sa mga Amerikano." (We are women working in Olongapo as entertainers and waitresses. We are one in the belief that the Americans brought AIDS here.)

The groups called on the Base authorities to have soldiers examined for HIV before they are allowed to leave the base.

There was no response from Base authorities. Within the same month, the Filipino commander of the US base, AFP Chief Gen. Fidel V. Ramos was reported to have written US authorities to send only AIDS-free servicemen to the country.

Croghan however said that he had not been informed of either the Olongapo bar girls' manifesto or Gen. Ramos' letter. He said that the US Armed Forces has been conducting its own education campaign among its enlisted personnel and tests the soldiers for the virus before they are allowed to leave the base.

Dr. Generoso Espinosa, Olongapo City Health officer, runs the alarm that some sectors have raised about the AIDS situation in Olongapo. "We really can not say if the situation is serious. What we have are a few positive cases. Those found positive do not show any symptoms yet. They still continue with their work and they report regularly to the Health Office where they are examined and interviewed. There are at least six cases in Olongapo."

MOH's Benaco-Sevilla shares Espinosa's concern over the "undue" alarm that early reports may have evoked among the public.

While in the United States the virus and disease were first identified in the homosexual population, those found seropositive in the Philippines were women employed in the flesh trade. HIV is most commonly

transferred through sexual intercourse, via small lesions that may occur in the vaginal or anal walls which permit the HIV to enter the bloodstream of the previously uninfected individual. If the individual has had previous exposures to the virus, then prolonged and repeated infection aggravates the toll on his body's immune system.

The flow of traffic in Olongapo's flesh trade depends on the frequency of ships docking in Subic. Given such a transient clientele and the informal working arrangements between the girls and the bar-owners, it would be very difficult to monitor the spread of the disease from those who have been initially exposed to those they will subsequently infect through sexual contact.

No employment contracts are signed between the management of bars and the hospitality girls. Those working in the bars are required to undergo a weekly test for VD, a blood test every six months and an X-ray once a year. These certificates, together with a police clearance qualify them for employment.

Albert Serrano, a floor manager of one Olongapo nightclub says that there is no way that bar girls are tied down to a particular club. The longest they stay with a establishment is a month. "Kung saan sila kikitin doon sila." Some bar girls change aliases with every relocation, sometimes they sport new names every week.

The bar girls themselves admit that they are apprehensive about contracting AIDS but few really consider it a major concern. Loryn Guana, 22 and working for two years now in Olongapo says she would not know what to do if she would be found positive for the AIDS virus.

WITH the assistance of the Base officials, Olongapo can screen all blood donors to determine the presence of the AIDS virus. Ministry of Health officials are silent about its AIDS policy on all the blood banks in the country. In the United States, hemophiliacs were among the first sectors to be identified as a high-risk group for the disease. Blood transfusions also spread the virus from an infected donor to a previously unexposed recipient.

John Castro, 18 and a macho dancer with one of Olongapo's three gay bars says that "of course I am afraid of AIDS" but seems to see the virus merely as an item he once read about in magazines and news-

papers and not something that personally concerns him.

Dr. Benca-Sevilla reveals that not one of the homosexuals they have tested has been found positive for the virus. Laborers bound for the Middle East are tested by private clinics and Benca-Sevilla has called for a stop to this practice to ensure the integrity and accuracy of the findings.

Unlike in the United States where more liberal attitudes have prevailed for long enabling local health authorities to enlist the help of the organized gay community in the campaign against AIDS, homosexuality in the Philippines, while tolerated in certain sectors of our society has remained underground. This is thus one instance in which peculiarities of Philippine culture may stand in the way of an effective educational campaign on the AIDS threat.

Equally disturbing is the fact that drug addiction, a key social problem in itself, makes victims vulnerable to AIDS. Yet it appears that health authorities have not paid enough attention to findings that the AIDS virus can be transmitted with equal ease through sharing of contaminated needles.

The F¹-A test that is used by the MOH is not as reliable as could be desired. The Johns Hopkins Population Bulletin issue on the AIDS problem (see sidebar) notes that confirmatory tests need to be done on those specimens that were found positive under the ELISA test. The greater problem the local medical community may be facing when AIDS becomes a full-blown problem is the stability of medicines designed for temperate regions under tropical weather.

The trepidation which concerned sectors must feel about the AIDS threat is aggravated by the fact that the local tourism industry continues to bank on the country's reputation, to quote *Hustler* magazine, "Sodom and Gomorrah of the Pacific." One Subic resident admits that if the AIDS alarm is raised, not only will the bars suffer but also the whole economy of the community.

Health authorities were properly embarrassed when Japanese health officials recently deported a Filipina, formerly employed locally as a sauna bath masseuse, who had gone to Japan to work as an entertainer. The Japanese health officials sought the girl's deportation following media reports that she may be a carrier of the AIDS virus. This week, the girl's lawyer, Antonio Coronel, said his client plans to sue all persons responsible for the spread

of reports that she has the disease. Coronel said his client had undergone AIDS tests at the St. Luke's Medical Center last November 24. The results, certified by the head of the hospital's department of pathology, showed she was negative for the AIDS antibody. Bureau of Laboratory and Research director Dra. Sevilla maintained, however, that the Ministry of Health had tested the girl twice, and she was found positive both times. "We are sure about our work," Sevilla was quoted as saying.

Before leaving for Japan and after working in Olongapo, this girl had worked in a massage parlor in Quizon City. This underscores the absence of any control. Another victim had gone home to Iloilo while the rest continue to work in Angeles and Olongapo. The most that had been done has been to caution them to let their customers use condoms.

Sevilla adds that she tells them to avoid foreign customers, a useless warning since bar girls in Olongapo cater particularly to American servicemen on R & R (rest and recreation).

Olongapo City Mayor Ted Macapagal admits: "We may have been complacent about the problem. There may not have been a serious effort to confront the problem before, I have urged the entertainment community here in Olongapo to be on guard."

One Olongapo-official doubts that there has been a serious effort by the Government to single out the AIDS problem for special attention. Dr. Sevilla herself is concerned that there are no stricter health measures for both the women and their customers.

Sevilla observes that the government has no sustained effort to inform people even about traditional venereal disease, much less about AIDS. In the entire stretch of Olongapo's red-light district in Magway Avenue only one bar carries a sign cautioning the public on the increased risk of getting VD from streetwalkers who ply the area.

The Ministry of Health said that Dr. Benca-Sevilla, who has retired from active service and remains as MOH AIDS consultant has recommended an education and information program. But the suggestion is still under study and to be taken up in a management meeting.

"The AIDS program has not been integrated yet into the main health thrusts of the MOH," Noel C. Litan, Executive Assistant to Health Minister Bengzon says. The AIDS working group is said to be operating on a very limited budget.

Shay Culen notes that even the girls themselves are in the dark about the situation. "The girls do not know who have it although they have heard of someone who was seropositive. We do not know who has it, but we have heard that there are a number of them. But where are these women? The government has not informed us about how many are infected. There has been no public report."

The AIDS problem, reports the World Health Organization (WHO), may have an iceberg analogy. The virus itself incubates for a number of years before the syndrome appears. It is estimated that while there may only be 100,000 persons with AIDS, there may be five times this number of those with other symptoms of HIV infection. Five to ten million all over the world are infected - and could infect others - with the HIV virus although they themselves do not show any symptoms.

With the Ministry of Health lacking a workable data base, man's instinctive fear

of the unknown may well aggravate the sense of alarm that limited knowledge of AIDS has already generated here and abroad.

The fact that HIV is not an indigenous virus is hardly any consolation. It was not an indigenous AIDS virus that infected 21,517 individuals in the US and Haiti, to name just two countries, and the number increases every minute.

"The problem of AIDS is critical. The response to AIDS will require developing countries to divert precious resources that already are stretched to the limits," USAID Administrator M. Peter McPherson said.

What is clear at this point is that we do not have the capacity to deal with a full-blown AIDS situation. US authorities are unanimous in saying that preventing AIDS is easier than bringing it under control once infection has spread throughout the population.

Unless moves are taken toward that direction, we may as well begin an AIDS countdown.

/13104

CSO: 5400/4329

SPECIFICITY DETAILS ON AIDS CASES

Lisbon DIARIO DE NOTICIAS in Portuguese 15 Jan 87 p 13

[Text] An infant girl born on 26 December at the Alfredo da Costa Maternity Clinic was found to have been infected with the AIDS virus but does not show any symptoms of the disease, it was reported yesterday. The child of Cape Verdians, the baby now runs a serious risk of contracting the disease, a specialist told DIARIO DE NOTICIAS.

A source at the maternity clinic told this newspaper that the father, a sailor, had transmitted the virus to the mother who, as a carrier, infected the child. The parents are being treated at the Curry Cabral Hospital.

The baby had a normal birth weight (2.8 kg), and her vital signs were good. She showed no evidence at all of the infection but was tested for it because the parents were known to be ill. The test showed positive for the AIDS virus, so all the clothing and instruments used were destroyed.

A pediatric specialist told this newspaper that children born with the virus "often have some type of defect. This child does not show any signs of deficiency, just a specific antibody, which means she needs special care" he stressed. He also said that there are slightly more than 20 similar cases worldwide. "The children need to be given very high doses of gamma globulin to prevent the disease, or at least reduce its severity." The child risks contracting the disease during the first year of life. Incidentally, the mother, who is a carrier, has not contracted AIDS.

40 Cases in Portugal

By 30 September, 40 cases of AIDS had been recorded in Portugal and 20 people had died of Acquired Immunodeficiency Syndrome, according to a bulletin from the Ricardo Jorge Institute's Center for Epidemiological Control of Contagious Disease.

Another bulletin, which is to be published this month, adds a few more cases to the list. An institute specialist said that the "situation is in no way alarming" and "Portugal is at the tail end of Europe as regards AIDS."

The bulletin lists several deaths that occurred at the Curry Cabral Hospital in Lisbon. The majority involved homosexuals or bisexuals, who are

considered to be in the high-risk groups. Among the cases are those of a 24-year-old male drug addict, who traveled frequently to Spain; a man of 46, heterosexual and a native of Cape Verde; a 17-year-old boy, a hemophiliac, who had been treated in France until 1984; and a 35-year-old man who had contacts with prostitutes in Zaire.

The same source at the Ricardo Jorge Institute added that 3.9 cases per million residents have been recorded in Portugal, compared with 26 cases per million in Switzerland and 5.2 per million in Spain. In June, the rate of incidence recorded in the United States, which has the greatest number of cases, was 97 per million.

12830/12828

CSO: 5400/2426

HIGH INCIDENCE OF MENINGITIS

Lisbon SEMANARIO in Portuguese 13 Dec 86 p 16

[Excerpts] People in the Cascais area, where the number of children affected is the highest in 10 years, are beginning to be concerned about this disease.

In the past 2 months, 30 children have been admitted to Cascais District Hospital. Of that number, 7 suffered from a serious form of meningitis, the so-called purulent or meningococcal strain. The other 23 cases have all been diagnosed as benign.

In the view of Moreira Simoes, pediatric specialist at that hospital, "there is not yet cause for alarm," since the majority of the meningitis cases are not serious. The children are normally released after 2 days.

Of all the cases that have passed through that hospital, only one was considered serious. It was a 14-year old girl who had to be sent to Spain for quarantine.

From Birth to 4 Years: The Most Critical Period

Last year 29 children died of meningitis, 13 of them less than a 1 year old. Eight were less than 4 years of age. Five were between 5 and 9 years. According to statistics from the General Office of Primary Health Care (DGCSP), Lisbon is the most seriously affected area. Porto and Viseu follow.

Over the last 5 years 362 babies have been attacked by this virus before their first birthday. Some 600 have been affected between the ages of 1 and 4. The number was around 500 for the ages between 5 and 14. Of these totals, some 60 percent were boys and 40 percent girls.

The figures also show that 1985 was the year in which there were the most cases reported: 480, with the greatest incidence occurring in those younger than 14 years old. That is how the decade of the 1980s adds up. If we go back to the 1970s, we see that in 1973 alone there were some 900 meningitis cases. The number has been gradually decreasing until it began to rise again over the past year.

13026/8918
CSO: 5400/2420

OPPOSITION PLP CHARGES COVERUP OF TYPHOID OUTBREAK

Charges Against Health Minister

Castries CRUSADER in English 10 Jan 87 p 1

[Text] The Minister of Health Clendon Mason made an emphatic and categorical statement on radio this week denying that there was an outbreak of typhoid in St. Lucia.

He told his listeners that the incidence of typhoid was restricted only to the Morne Panache area and nowhere else. He emphasised that no other area in Dennery or the village itself had cases of typhoid.

The Minister must have deliberately chosen to be inaccurate since there are re-

ported cases of typhoid in Dernier Riviere, Grand Riviere and even in the Village of Dennery itself. His Ministry is aware of the cases since some of them are currently being treated at both Dennery Hospital and Victoria Hospital.

Whatever the reason for Minister Mason's defensive attitude he should not descend to such wilful distortions of the truth. Listeners recalled that earlier last year he also denied the incident of AIDS Victims in St. Lucia and later recapitulated and admitted their existence.

Incidence in Dennery

Castries CRUSADER in English 17 Jan 87 p 1

[Text] The Progressive Labour Party's Leader today lashed out at the Compton Government for misleading St. Lucians into believing that St. Lucia was a paradise enjoying all the basic amenities when the story of neglect and disease on the ground was alarming and dangerous.

He chided Prime Minister Compton for his statement in his State of The Nation Address that "Water-borne diseases are a thing of the past in St. Lucia as pure water supplies are being provided to every major settlement in St. Lucia."

Mr Odium told reporters that he has moved around the Dennery Area extensively in the past couple months both in the Valley Area and the Village and the health conditions in the area are appalling. He claims that there are more than TWENTY CASES of TYPHOID in the Dennery area and a dozen suspected cases mainly among children and Youth.

Mr. Odium said: "Ironically the inadequacy of the same-pipe borne water which the Prime Minister is boasting about is directly responsible for the typhoid epidemic in the Dennery Area. A high percentage of Dennery houses are without pipe-borne water and twenty per cent of the houses are without toilet facilities. Almost all of the public facilities are in a state of

disrepair and do not function so the river is used by many residents for bathing, washing, defecating and also drinking.

In addition to this there are an alarming number of healthy carriers of the typhoid disease in the area and the Government has failed in its duty to acquaint the residents with this serious development.

Health Minister Clendon Mason actually lied to the nation when he said last week that there were only one or two cases of typhoid and it was restricted to the Morne Panache Area alone. It is regrettable that the advent of a General Election in St. Lucia should so mesmerise our Government Ministers that they are prepared to gamble with the lives of our people in this way?

/13046

CSO: 5440/063

BRIEFS

DURBAN MAN HAS AIDS--A young white man was being treated for AIDS in a local hospital, Professor Dennis Pudifin, of the University of Natal Medical School, confirmed in Durban today. The man, he said, was "responding to treatment" and was "well at the moment". This is the third confirmed AIDS case reported in Durban in the past year. The previous two victims, also young white men, both died. "We have a major AIDS problem," the professor said, adding that AIDS should not be declared a notifiable disease as it would, "because of its circumstances, be driven underground." [Text][Johannesburg THE STAR in English 10 Feb 87 p 7]/12828

CSO: 5400/116

SUSPECTED AIDS VICTIM DIES

SK130133 Seoul THE KOREA HERALD in English 13 Feb 87 p 3

[Text] A 62-year-old man who produced positive reactions in AIDS antibody tests died from respiratory paralysis at a Seoul hospital yesterday afternoon, the Ministry of Health and Social Affairs announced.

His death is the first reported in the country among people who produced a positive reaction in the blood test for the AIDS virus. The announcement said the man's death allegedly resulted from a virus infection in the central nervous system in his brain. But the infection was not caused by the AIDS virus, it added.

His death came 2 weeks after the man, identified by his family name Yun, returned home from Kenya where he had been involved in the trading business since 1981. The man returned home on 29 January when he was found to have produced a positive reaction in the blood test for the AIDS virus at a Kenyan hospital.

Upon arrival in Seoul, a medical team from the National Institute of Health collected blood from the man who was immediately admitted to a city-run hospital in Sodaemun in western Seoul.

A ministry official said he produced positive reactions in all of the two-stage blood tests for the AIDS virus. The initial test was the Elisa test and the second was the Western blot test. He said the man showed a somewhat lower level than ordinary people in the immunology test. But his test result was far higher than those of AIDS patients, he added.

The ministry announcement said he had lost 3 kg of weight and suffered from minor fever and empyema during 2 weeks of his hospitalization. Although he suffered from weight-loss and fever, it was too early for him to be diagnosed as a patient of the acquired immune deficiency syndrome, according to the announcement.

It said his symptoms, however, could be diagnosed as a pre-stage AIDS case.

The man visited his Seoul home on six occasions since he started his trading business in Kenya, a nation where many people reportedly show positive reactions in the AIDS antibody tests.

Another ministry official said the man might have become infected with the AIDS virus when he received a blood transfusion in the African country years ago during treatment of his malaria.

BASQUE AIDS STATISTICS SHOW RISE

Madrid DIARIO 16 in Spanish 10 Jan 87 p 39

[Article by Arturo Cenzano: "Escalation of Cases in Basque Country"]

[Text] Bilbao--Some 32 cases of AIDS have been officially identified in Euskadi. This means that the number of cases in this autonomous community has doubled in the short period of 9 months. The Basque health authorities consulted by DIARIO 16 considered the last report that has just been completed by the national commission "worrisome."

The "escalation" of AIDS in this autonomous community corresponds to predictions by specialists of an outbreak of the terrible disease. Given the long period of incubation, it could be transmitted before the adoption of preventive measures now in effect.

Oddly, not a single case of AIDS has been recorded in Alava. This considerably increases the percentages in Vizcaya, 18, and Guipuzcoa, 32. These March 1986 statistics reported 18 cases of AIDS in the two provinces which have already led to 9 deaths.

Its relationship to drug addiction is especially serious in Euskadi because this can translate into a large number of cases within a short period of time. The Basque Government estimates that there are now about 400,000 drug addicts in this small territory, one of the highest percentages even at the international level. Of these, about 10,000 are heroin addicts, 140,000 marijuana users, and 250,000 alcoholics. Statistics show that a high percentage of alcoholic parents means an increased number of addicted children.

Another characteristic of AIDS in Euskadi is its effect on the younger population. Two children have already died from this disease, a third has symptoms of the disease, and four others have AIDS antibodies which means they are potential victims or carriers.

7717

CSO: 5400/2428

GIARDIA LAMBLIA (LENINGRAD DISEASE) HITTING URBAN AREAS

Originated in Ski Areas

Stockholm DAGENS NYHETER in Swedish 14 Jan 87 p 8

[Article by Matts Dahlstrom: "Epidemic Threatens Population Centers"]

[Text] Leningrad disease, the stomach parasite that is difficult to cure and contagious, is in danger of spreading to a number of places in the country.

The reason is that a number of the 4,000 skiers, who at the turn of the year drank of the waste water at Salen's alpine villages, have caught the Leningrad disease, which is caused by the parasite giardia lamblia.

In Stockholm, Goteborg and several places in Scania there are particularly many of the involved Salen tourists who risk spreading contagion, according to the Health Protection Office in Malung.

It was on Tuesday afternoon that the State Bacteriological Laboratory (SBL) determined that several tests from the Salen tourists contained the Leningrad disease parasite, and with that the water accident in the alpine villages took a more serious turn.

Health officer Birgitta Dejong of the SBL says that all tourists who have become ill are to seek a doctor. Tourists who had children with them at Salen and after their return home took the children to day care centers must also see to it that the contagion does not spread at the day care centers. Persons with reduced immunity who have drunk of the waste water should also see a doctor.

Birgitta Dejong emphasizes that the spread of the Leningrad disease can be halted if the affected tourists are very careful with their hygiene.

Stomach Ache

Leningrad disease causes a long period of diarrhea and much gas with strong stomach pains. According to anti-infection physician Joran Alden in Falun, the stomach problems can last for weeks and even months.

"Most people recover spontaneously, but some do not get rid of the disease until medication against the intestinal parasite," Joran Alden says.

At about 1 PM on Tuesday the Eko program on national radio awarded an erroneous "clean bill of health" to the water of the alpine villages. According to the SBL, however, the water still has to be boiled for at least 5 minutes for the time being.

Personnel from SBL and the National Food Administration will travel to the villages and continue to test the waste-contaminated drinking water. Despite shock-chlorination, the SBL is not certain that all giardia lamblia parasites have been killed, Birgitta Dejong explains.

Trace

On Tuesday the Health Protection Office in Malung municipality decided to trace all of the 4,000 skiing tourists who visited the alpine villages when the drinking water was mixed with waste water. Maj-Britt Norberg of the Health Protection Office says that lists have been requested from the alpine villages of all tourists in question and that letters will be written to all of the involved health protection offices around the country.

"We are totally swamped with calls from worried tourists from all over the country," Maj-Britt Norberg says. The suspicion that the tourists have contracted Leningrad disease originated when one tourist became so sick that he had to be hospitalized. More extensive testing was undertaken there and the giardia lamblia parasite was found.

What will happen to the promised compensation for affected tourists was not yet clear as of Tuesday, according to Anders Yngvesson at Alpine Villages, who has already turned to a lawyer in order to study whether the builder of the water system has made an error.

The Alpine Villages are owned by a number of housing cooperatives which have nine cabin villages with 309 cabins. Anders Yngvesson explains that the demands for compensation are directed against the external cabin agency, which he operates as a partner on behalf of the Alpine Villages.

Not until after the internal study about liability conditions will the tourists be able to find out about damages for the stomach problems and the destroyed mountain vacation.

It was quite a long time ago that tourists returning from Leningrad experienced stomach problems and the water-borne parasite now in question was discovered. According to Tor-Axel Stenstrom at the SBL the parasite had become established in Leningrad's drinking water.

150 Cases Reported

Stockholm DAGENS NYHETER in Swedish 17 Jan 87 p 10

[Article by Matts Dahlstrom]

[Text] On Friday more than 150 persons in Stockholm, Goteborg, Uppsala and Falun had contracted the stomach parasite giardia lamblia of the Leningrad disease after having drunk waste water in Salen's Alpine Villages, according to health officer Birgitta de Jong of the State Bacteriological Laboratory (SBL) in Stockholm.

The Leningrad Disease causes prolonged diarrhea and patients are also affected by the formation of very painful gas in the stomach.

Public health chief Lennart Bojort in Malung thinks he has found the cause for the waste water having entered the drinking water of the Alpine Villages.

"There were probably several large rocks from a construction site blocking the waste water pipes," Bojort says.

"This led to a rise in the waste water and it entered an expansion pipe for drinking water."

11949
5400/2427

INFECTIOUS HEPATITIS EPIDEMIC CONTINUES

Istanbul MILLIYET in Turkish 12 Nov 86 pp 3,13

[Text] Hepatitis, which has been declared a "strategic disease" in a circular sent to provincial health directorates by the Ministry of Health and Social Assistance, continues to spread despite all measures to stop it.

While 22 patients diagnosed with hepatitis have been admitted into intensive care at the Denizli State Hospital, the epidemic of diarrhea in Gaziantep has been followed by a hepatitis epidemic.

Hepatitis, the epidemic disease of winter months, has assumed frightening proportions in Denizli. According to a report by our Denizli correspondent Mustafa Kaya, 112 patients are being treated in bed in health centers, and quarantine measures have been taken in response to the spread of the epidemic in Denizli and its districts.

Meanwhile, in Gaziantep the diarrhea epidemic experienced in the summer has been followed by an epidemic of hepatitis. Governor Abdulkadir Aksu declared that the province's health directorate general, hospitals and officials have taken all necessary measures to stop the spread of hepatitis whose occurrence must be reported by law.

In Gaziantep, where 285 hepatitis cases were reported during the entire year last year, 407 patients have been admitted into treatment so far this year, and the Gaziantep municipality has banned the sale of fruits and vegetables that have not be chlorinated. Meanwhile, gamaglobin, the medicine for prevention of hepatitis, is reportedly in short supply in Gaziantep. Even when the drug is available, those who have to pay for it out of their own pockets are finding it hard to buy because it costs 5,300 Turkish lira per package.

123 Children Die of Diarrhea

Meanwhile, the number of children who died of diarrhea in the first 10 months of this year reached the total number deaths for last year. Last year 125 children lost their lives to diarrhea in Gaziantep; according to official figures, 123 children died of diarrhea in Gaziantep as of the end of October this year.

TURKEY

BRIEFS

AIDS RESEARCH CENTER--The health minister has announced that an AIDS research center will be set up to enlighten the citizens and health personnel about the disease. Drug addicts will be prohibited from using syringes that are not disposable. Every kind of medicine and blood imported into Turkey will be tested for AIDS. AIDS confirmation centers will be set up in the big cities. These were the decisions adopted at a meeting yesterday. [Summary] [Ankara Domestic Service in Turkish 1100 GMT 13 Feb 87] /9604

CSO: 5400/2434

SOVIET VIROLOGY INSTITUTE CHIEF ON AIDS PROBLEM

Moscow SOTSIALISTICHESKAYA INDUSTRIYA in Russian 6 Dec 86 p 4

[Article by S. Soldatenkova under the rubric "Health": "Three 'Signatures' of AIDS"]

[Excerpt] According to recent data from abroad, some 32,000 cases of the disease AIDS have now been recorded in the world. And a significant proportion of them are in the United States—27,000, with some 3,000 in the West European countries and more than 1,000 cases on the African continent.

At an international congress which ended in Paris recently, specialists expressed the opinion that in the next 10-15 years AIDS will become a more serious threat to man than all other diseases put together.

The report by American representative (Keren) said that according to their figures the virus has been found in the blood of 1.5 million people in the United States. Computer calculations have shown that by 1991 74,000 Americans will fall ill.

For the United States this is a real national disaster. It is also a serious problem for West European countries. The number of cases in countries like France and the FRG is continuing to increase rapidly. The disease has stolen into Belgium and Switzerland—here they have the highest figure for the number of new cases.

"Isolated cases of the disease have been recorded in our country," V. Zhdanov, director of the Ivanovskiy Virology Institute and academician of the USSR Academy of Medical Sciences, says. "People in the West regard us as conservative about sexual problems. Well, in this case this has proved useful. We believe that we do not have the social conditions for this disease to spread widely. But the vast influx of tourists and close contacts with foreign countries do not exclude the possibility of AIDS penetrating the Soviet Union. That is why we have had cases of the disease being developed among foreigners living here and Soviet citizens."

What do the scientists know about this disease that is new? Three forms of the AIDS virus have been discovered. One is carried by green monkeys—man cannot catch this. The second causes minor illnesses, sometimes even without

visible signs of the disease. And the third and last is the most dangerous, with a lethal outcome. It is called the African form: more Americans and West Europeans suffer from it.

"In general the question of the origin of the virus is giving rise to various debates," V. Zhdanov notes. "And I think it is premature to give a final opinion. What is important is that we have three related viruses with differing degrees of danger to man. Recently, following a decision of the WHO, the Virology Institute became the WHO center for AIDS. The disease is studied here and comprehensive research is under way. We have been studying this problem for approximately 2 years. It was important for us to obtain strains of the virus from foreign colleagues. Professor Montagnier (France) and Doctors Gallo and Levi (United States) kindly made them available. In our turn, we too have isolated several strains. So we have obtained standards.

"Through basic studies of the properties of the virus Soviet scientists have developed two systems for diagnosing the infection. And they have begun to produce them in conjunction with the Institute of Viral Preparations. Patent certificates have been issued for the means of obtaining AIDS antigens by genetic engineering methods.

"In our country a wide program of research involving dozens of institutes has been drawn up. Work is now under way to create a vaccine against this dangerous disease. It may not be necessary to use it on a large scale. But we must have it in our possession."

/9274

CSO: 5400/1001

HIGH AIDS RISK GROUPS ASKED NOT TO GIVE BLOOD

Harare THE HERALD in English 17 Feb 87 p 9

[Text] BLOOD donors at the Blood Transfusion Services are being asked not to give blood if they fall into one of the groups of people who appear to be in the high risk category for Acquired Immune Deficiency Syndrome (Aids) disease.

A small pamphlet which BTS began issuing to donors recently, lists the groups appearing to be particularly susceptible as promiscuous heterosexuals; prostitutes; male and female drug abusers who inject drugs and homosexual or bisexual men with more than one regular partner.

Sexual contacts of people in these groups were also at risk, says the pamphlet adding: "Patients with Aids also seem more likely to have suffered, at some time, from sexually transmitting diseases."

It notes that promiscuity is regarded as indulgence in casual and indiscriminate sexual liaisons and says a contact with anyone in the endangered groups within the last seven years "constitutes a risk".

Aids can be transmitted by transfusions of blood and blood products, but there is only the most remote chance of this happening with ordinary blood transfusions given in hospitals.

"All blood donated to the transfusion

services in Zimbabwe is tested for the presence of HIV virus antibodies and there is almost no risk involved in the recipient of that blood," says the pamphlet.

Donors visiting the BTS are assured that they will not be questioned on sexual matters when they attend to give blood because the services "have a very high regard for donors as extremely responsible people who give blood for the benefit of others". There is no risk at all for donors.

The BTS is confident that the donors would not "knowingly put patients at risk from such a serious disease" as Aids.

For further information on Aids, donors can discuss in confidence whether to give blood with the sister-in-charge of blood collection, the BTS director, their personal doctors or their local medical officers of health.

BRIEFS

60 PERCENT OF CHILDREN IMMUNIZED—About 60 percent of Zimbabwean children between 12 and 23 months old have been immunised against the six childhood diseases, says the Ministry of Health. The ministry's Dr Boniface Manyame told *The Sunday Mail* that a national survey conducted in 1984 to evaluate primary health care had found that 42 percent of the children were immunised. A similar survey in 1982 found that 20 percent were immunised. Under-nutrition remains a significant problem. Of the 777 children weighed, 7 percent below one year old and 16 percent aged 1-4 years were undernourished. This was blamed on the drought. Of the households in which index children were living, 52 percent had protected water supplies and 43 percent had latrines, 26 percent of them in good condition. The mission found that 89 percent of the pregnant mothers had antenatal care and that 81 percent of the children born had a child health record. The review noted a high awareness of immunisation and oral rehydration therapy. Seventy percent of the mothers interviewed knew about the oral rehydration therapy compared to a mere 5 percent in 1982 and 83 percent of the mothers knew about some or all of the diseases preventable by immunisation. Also striking was the speed with which the knowledge of ORT spread, considering that the programme had started 18 months ago. However, the evaluation team felt that important factors were the high level of motivation of the women in Zimbabwe to obtain optimal care for their children and the high degree of commitment of the peripheral health staff to educate these mothers and to provide the necessary care. [Text] [Harare *THE SUNDAY MAIL* in English 1 Feb 86 p 2] /9317

CANADA DONATES TO IMMUNIZATION PROGRAM—The Canadian Prime Minister, Mr Brian Mulroney, yesterday pledged \$1.2 million towards Zimbabwe's immunization programme. Mr Mulroney, who concluded his four-day visit to Zimbabwe yesterday, said the money would be used to buy mobile immunisation units and equipment. Applauding Zimbabwe for the great strides it has made in the immunisation field, the Canadian premier said immunisation was saving the lives of three million children every year, thus effectively ending "the reign" of the six major infectious diseases. Canada has contributed \$35 million towards immunisation programmes in the developing countries of the Commonwealth and those in the Francophone group. In Zimbabwe, the Canadian Public Health Association was working in conjunction with Unicef and other donor agencies to implement the country's extended immunisation programme. It was envisaged that the recent donation would complement these efforts. Mr Mulroney who arrived in Zimbabwe on Tuesday was seen off at

the airport by the Prime Minister, Cde Mugabe, together with a host of cabinet ministers, Zimbabwe service chiefs and members of the diplomatic corps. He left for Senegal where he is expected to wind off the second leg of his African visit before going back home. While in Zimbabwe, Mr Mulroney denounced the apartheid system in South Africa and predicted that the struggle in that country would only come to an end when the racist policies were dismantled. Speaking at a banquet on Tuesday hosted in his honour by Cde Mugabe, the visiting prime minister talked about the need for countries in the region to develop their own economic sectors to move away from trade links with the racist regime. [Text] (Harare THE HERALD in English 31 Jan 87 p 1) /9317

CSO: 5400/95

BRIEFS

FOOT-AND-MOUTH ALERT--The Department of Agriculture in Region Nine has commenced surveillance along the Guyana-Brazil border to prevent the transmission of the Foot and Mouth cattle disease. At the main crossing, Foot and Mouth disinfectant camps have been established. Already six camps have been established, and persons and vehicles moving across the border are required to observe the health regulations at the camps, Livestock Assistant, Ian Gravesande has reported. The Guyana-Brazil Border is in excess of 90 miles, and, the authorities in the Region are appealing to persons crossing the border to use the authorized crossings. The Foot and Mouth disease last affected Rupununi cattle in the early seventies. [Text][Georgetown GUYANA CHRONICLE in English 24 Jan 87 p 1]/12828

CSO: 3440/067

BRIEFS

CATTLE CHICKENPOX DEATHS—More than 100 jersey milch cows have died of chicken pox here in the past few days. Another 200 cows have been affected by the disease. A veterinary doctor said a majority of the cases had been reported from Ayma, Malacha, Kharida and Golebazar areas of the town. Twenty-two deaths have been reported from the Ayma Goushala alone. The doctor said the disease had reached epidemic proportions and expressed the fear that it may spread to adjoining villages. A worker at the Ayma Goushala said the disease started with pox blisters on the tongue which then spread to the rest of the body. The cows stopped eating and died within three days. The cattle-owners said the local government veterinary hospital and the municipal authorities had failed to respond. [Text] [Calcutta THE TELEGRAPH in English 20 Jan 87 p 5] /13104

CHOLERA OUTBREAK SUSPECTED—The administration suspects that cholera will spread to the Car Nicobar following reports of death of 80 pigs. The administration has warned pork eaters against a suspected cholera outbreak in the island. [Text] [Calcutta THE TELEGRAPH in English 1 Jan 87 p 7] /13104

CSO: 5450/0073

BRIEFS

RABIES IN ACEH--Banda Aceh, 27 Jan (ANTARA)--Five regencies in Aceh are still threatened by rabies. Last year the disease attacked 396 people and killed 34 of them, Abd. Wahab, an official of the local animal husbandry service told ANTARA here, Monday. He said the regional administration had set up a special team to combat the disease. Abd. Wahab said that the spread of the disease was caused [by] the increasing number of stray dogs in the regencies. Looking after dogs as pets is not prohibited but "please take good care of them," he stated. [Text] [Jakarta ANTARA NEWS BULLETIN in English 27 Jan 87 p A1] /9274

CSO: 5400/4331

RATS DISRUPT IRBID GOVERNORATE

Amman JORDAN TIMES in English 28 Jan 87 p 3

[Text] Amman--Huge rats in great numbers have appeared in the western districts of Irbid in the wake of digging operations for sewerage networks. Residents have been complaining to Irbid Municipality requesting help in eliminating the rodents which, according to reports in the local press, have been invading homes and stores, causing huge material losses and attacking people.

Irbid Municipality has reportedly requested help from the Greater Amman Municipality which successfully eliminated hordes of rats which plagued the capital some time ago. But according to a spokesman for Amman Municipality's rodent elimination section, no help could be sent to Irbid due to financial disputes between the two municipalities. He told the Jordan Times that Irbid Municipality has to first settle its debt to Amman Municipality before assistance could be given. He said that Amman Municipality is demanding that Irbid pay it JD 6,000, the cost of poisons sent to Irbid on previous occasions.

In the meantime, the residents of Irbid's western district continue to suffer because of the dispute.

/9317

CSO: 5400/4510

TURKEY

BRIEFS

RABIES QUARANTINE IN USAK--The entry and exit of livestock from the Pinarbasi village of Usak's Sivasli district have been banned following the death of a rabid dog. According to information obtained by Sivasli District Official Fuat Ertun, measures have been taken and vaccination has started in the village. [Text] [Ankara Domestic Service in Turkish 1700 GMT 15 Feb 87] /9604

QUARANTINE IN ORDU--The village of Kokenli in Ordu has been placed under quarantine to prevent the spread of rabies. Our correspondent has learned that the entry, exit and slaughter of animals has been banned for a period of 6 months. The decision was made after a dog, which had bitten five persons in the village, turned out to be rabid. The five persons are receiving rabies shots. [Text] [Ankara Domestic Service in Turkish 1100 GMT 14 Feb 87] /9604

QUARANTINE IN ADAPAZARI--A quarantine was declared in the Ikizce village of Adapazari after it was determined that the dog which bit some people had rabies. A Turkish Radio and Television correspondent reports that as a result of the incident, all village inhabitants are being vaccinated against rabies. [Text] [Ankara Domestic Service in Turkish 1700 GMT 10 Feb 87] /9604

QUARANTINE IN KAVAY--The village of (Sildir) in the district of Kavak in Samsun has been quarantined due to a case of rabies identified in a goat. No animals will be allowed into or out of the village for 6 months and no animal will be slaughtered. [Text] [Ankara Domestic Service in Turkish 1700 GMT 9 Feb 87] /9604

CSO: 5400/2434

SADDC SCIENTISTS STUDY RODENT CONTROL

Harare THE HERALD in English 27 Jan 87 p 11

[Text]

ABOUT 60 scientists, health inspectors and researchers from five SADDC countries are taking part in a regional training course on vector and rodent control, which opened in Harare yesterday.

The three-week course on the control of diseases carried to man by rats, mice, cockroaches, fleas, bed-bugs and mosquitoes, is being organised by the World Health Organisation and the Danish development organisation, Danida.

It is being attended by participants from Botswana, Swaziland, Malawi, Zambia and Zimbabwe. Members of the WHO secretariat and representatives from Danida and regional and international organisations are also taking part.

WHO and Danida have over the last 17 years, sponsored a number of training courses in various parts of the world. However, the course on vector and rodent control being held at the University of Zimbabwe is the first of its kind in Southern Africa.

Issues being discussed include vector-borne diseases in Africa with special reference to countries in Southern Africa; the role of fleas in the transmission of plague

in the region and principles of rodent control.

Malaria in Africa, with reference to Botswana, Swaziland, Zambia and Zimbabwe, is also being discussed and principles of mosquito, tsetse fly and snail control.

Opening the course, the Minister of Health, Dr Sydney Sekeramayi, told the participants that Africa carried a greater burden of vector-borne disease than any other continent.

Rodents (which include rats, cockroaches and mosquitoes) not only assisted in the spread of plague, but also damaged agricultural produce in some countries.

"Clearly then vector and rodent control is crucial to improved health, improved nutrition and improved agricultural production," Cde Sekeramayi said.

Emphasis on disease prevention, as opposed to the development of curative services, formed the cornerstone of the whole strategy towards achieving health for all by the year 2000.

He thanked WHO and Danida for their strong commitment in trying to solve "our pressing health problems".

/9317

CSO: 5400/95

REGIONAL WORKSHOP ON RICE HISPA HELD IN DHAKA

Statistics on Damage

Dhaka THE NEW NATION in English 29 Dec 86 p 1

[Text]

The migratory pest "rice hispa" popularly known as "panni poka" damaged 70,000 tons of crops worth about Taka 28 crore all over the country during 1985.

This was revealed in a paper presented at the two-day South Asian workshop on rice hispa. The author of the paper A N M Razaul Karim, head of the entomology division of the Bangladesh Rice Research Institute (BRRI), quoting earlier surveys said, sporadic and widespread outbreaks of hispa attacks had been almost regular since 1978. The attacks of 1981, 1984 and 1985 were most severe. In 1981, over 11 lakh acres, in 1984 about nine lakh acres and in 1985 about 17.5 lakh acres of rice field were infested with hispa.

Hispa is also found in neighbouring Burma, India, Nepal and adjacent,

Sri Lanka, Kampuchea, Malaysia, Thailand and southern China.

In 1985, hispa damaged rice crops of over five lakh acres. The hot humid climate of the region is very much conducive to hispa growth and survival and its migratory character makes it almost immune to any pest control measures, the author added.

Earlier Agriculture Minister Mirza Ruhul Amin formally inaugurated the two-day workshop at the BRRI auditorium

with a call for working out a joint strategy against the menace of hispa.

The participating experts hope that detailed study of the country papers from the region they might lead to forming a working group to combat the menace of the rice hispa.

Minister Opens Meeting

Dhaka THE NEW NATION in English 29 Dec 86 pp 1, 8

[Text]

A 2-day SAARC Workshop on Rice Hlpa, popularly known as Pamri, began at the Bangladesh Rice Research Institute yesterday, says an official handout.

Inaugurating the workshop, Agriculture Minister Mirza Ruhul Amin underlined the need for evolving a common strategy against rice hlpa, the most menacing insect pest of rice prevalent in the SAARC rice growing countries.

The Minister said, since the SAARC rice growing countries had contiguous rice areas of similar agro-ecosystem with no natural barrier to create hindrance to the movement of this migratory insect it was imperative to share the information of the pest incident or outbreaks to undertake timely and effective control

measures. He said, no single remedy to hlpa problem would be suitable for all the countries. An integrated pest control approach may be adopted to suit the situations of different countries, he observed.

Referring to Bangladesh's experience with severe hlpa problem in 1985, the Agriculture Minister said that the epidemic turn of this insect pest caused sharp decline in the country's total rice production as much as it affected neighbouring India.

Presided over by Agriculture Secretary, A M Anisuzzaman, the inaugural session was also addressed by Director-General BRRI, Dr. M A Mannan and the Coordinator of the workshop Dr A N M Reraul Karim.

It may be mentioned that about 50 scientists and experts from India, Sri Lanka, the Maldives, Bhutan, Pakistan, Nepal and host Bangladesh are participating in the workshop. In course of the workshop the experts would deliberate on the hlpa problem keeping in view the socio-economic and diverse agro-ecological aspects of the SAARC member countries and come up with recommendations for early and successful control of rice hlpa.

/9274

CSO: 5450/0080

BRIEFS

RENEWED THREAT FROM MICE--Khartoum--Dr 'Abd-al-'Aziz Sa'd, general director of plant protection, stated yesterday to AL-MAYDAN that since last December mice had begun to multiply at high rates in al-Rahad, al-Jazirah, White Nile, Kordofan, and Darfur. The campaign that began last May and ended in November had actively contributed to controlling their rate of multiplication; however, the halting of it had enabled this plague to increase again, so that today it constituted a real danger. The director explained that fortunately at the present time there are no crops planted, except for wheat in al-Jazirah and fava beans in al-Rahad. In a related development, Mr Salah al-Dessuki of the al-Jazirah project said that in June of this year they would begin implementing the lesser campaign against mice, preceding the major campaign next summer, in order to protect the wheat crop. Mr al-Dessuki attributed the rise in the multiplication rate of mice, especially in al-Jamus, al-Maturi, and Ma'tuq, to the fact that these areas border on areas of rain-watered agriculture. In another development, Dr 'Abd-al-'Aziz stated that the Red Sea coastal area is now subject to an attack of desert locusts (rainy season). Some of them have come from Ethiopia, and others migrated from Northern Province, White Nile, and Kordofan before the completion of campaigns to combat them there. He stated that it will be possible to control these locusts by March, and that they are now using 3 spray planes and 12 trucks. Also, they are prepared as of now to combat locusts and other plagues for the coming season. [Text] [Khartoum AL-MAYDAN in Arabic 11 Jan 87 p 1] 12937

CSO: 5400/4607

REPORT ON CROP PEST AND DISEASE NATIONWIDE

BK121444 Hanoi Domestic Service in Vietnamese 2300 GMT 11 Feb 87

[Text] The Vegetation Protection Department of the Agriculture Ministry recently released a communique reporting on the situation of insects and crop diseases in the past 10 days and forecasting the same situation in the next 10 days. The communique says:

Rice blast is developing in nearly all the northern provinces. Some 14,000 hectares have been thus far infested. Thousands of hectares in Nghe Tinh Province alone have been affected. Many rice plantings have been infested with insects. Stem borers have appeared in some localities. Butterflies have increased at rice stubbles, with a density much higher than the same period last year.

The density of insects in areas of seedlings ranged from 4 to 5 insects per square meter or 15-20 each per square meter the highest. On the area of early transplanted rice, the density of insects was 0.1-0.3 per square meter. Brown and white planthoppers have appeared in many localities with a density of 5-10 insects per square meter or 15-20 each per square meter at the highest. Some 1,300 hectares in Ha Nam Ninh Province alone have been affected by such insects.

In the south, larva have appeared along the central coast, damaging 7,000 hectares in Tuy Hoa District, Phu Khanh Province. Of this figure, 3,500 hectares were affected with the density of 300-400 insects per square meter. Rice blast has infested thousands of hectares in Nghia Binh, Quang Nam-Danang, and Phu Khanh Provinces, and some spots in the Mekong River Delta. Many localities have been heavily damaged by leaf-eating caterpillars at the average density of 15-20 each per square meter or 40 each per square meter at the highest.

Butterflies have hatched in great numbers in late January and early February. Small leaf rollers have damaged 28,000 hectares of winter-spring rice in Dong Thap, Tien Giang, Hau Giang, An Giang, and Ben Tre Provinces, and Ho Chi Minh City at the density of 2.5 insects per square meter or 18-20 each per square meter at the highest.

As for other crops such as spring corn, *Scirpus salebrosa* have appeared scatteredly at a density of 5-10 insects per square meter in Hanoi. Black cut worms have caused partial damage in some localities. Late blight has continually damaged potatoes and tomatoes at the rate of 20-30 percent. Diamondback moths have caused general damage to cabbage and late kohlrabi in many localities at the highest density of 60 insects per square meter.

In the northern provinces in the next 10 days it is forecast that rice blast will develop even more heavily than in the past 10 days. Butterflies and stem borers will continue to develop but not in a concentrated and uniform manner in localities. The density of butterflies, brown planthoppers, small leaf rollers, and rice leaf beetles continues to increase in the recently transplanted 5th-month spring rice areas.

In the southern provinces, leaf-eating caterpillars and small leaf rollers will continue to develop broadly in the central coast provinces and the Mekong River Delta. Rice blast may continue to cause damage to the central coast provinces and the Mekong River Delta. Rice stemflies still continue to cause damage in Binh Tri Thien.

The northern provinces are requested to launch a lighting campaign to watch the development of stem borers in all localities, zone off and spray insecticide on pockets of rice blast, brown planthoppers, and rice leaf beetles even though they are not yet widespread, and use manual measures to kill insects on wide areas. The application of nitrogenous fertilizer must be absolutely discontinued on those ricefields affected by rice blast. Infested rice seedlings must be well treated before being transplanted.

The southern provinces and the central coast provinces should continue to eradicate leaf-eating caterpillars, small leaf rollers, rice stemflies, and rice blast on the winter-spring rice plantings. The Mekong River Delta provinces should pay attention to killing leaf-eating worms for the 10th-month rice.

/9599

CSO: 5400/4333

SRV RADIO REPORTS RICE PLANTING, CROP PEST DAMAGES

BK241536 Hanoi Domestic Service in Vietnamese 24 Feb 87

[Text] To date, 90 percent of the winter-spring rice area has been planted throughout the country. In the north, various localities have grown 947,500 hectares of winter-spring rice. In some localities of the Bac Bo delta and former Zone 4, rice blast has plagued some 20,000 hectares of rice. In Nghe Tinh Province alone, about 10,000 hectares have been affected.

Meanwhile, stem borers have continued to multiply at the average rate of one to two insects per [word indistinct] per night. Brown leafhoppers and rice planthoppers have appeared widely in early-rice areas with the average density of two to three insects per square meters. In Ha Nam Ninh and Nghe Tinh Provinces, the density is higher than that in many other localities, with 30-50 insects per square meter.

In the south, various localities have grown winter-spring rice on 93 percent of their planned area. At present, rice blast has spread on nearly 20,000 hectares of rice, mostly in Quang Nam-Danang, Nghia Binh, and Binh Tri Thien Provinces. In the central coastal provinces, rice leaf beetles have developed with a density of two to three insects per square meter. In the Mekong River delta provinces, the density is 3-10 insects per square meters. In Binh Tri Thien and Phu Khanh Provinces, more than 10,000 hectares of rice have been attacked by rice gall flies with the density of 100-200 insects per square meter. Meanwhile, rice caseworms have appeared in many rice areas with the density of three to five insects per square meter.

The localities concerned have made many efforts to mobilize insecticides and other means to prevent and control harmful insects and diseases. Several provinces and cities have spent their own money to buy insecticides and pest control equipment. However, they badly need effective and timely assistance from the central echelon in order to successfully control harmful insects and diseases and protect their rice crop.

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ZIMBABWE

BRIEFS

EEC EMERGENCY AID FOR LOCUST INVASION—The European Economic Community has allocated \$675 000 as emergency aid to Zimbabwe for the expected locust invasion from neighbouring countries. The head of the Plant Protection Research Institute in the Ministry of Lands, Agriculture and Rural Resettlement, Dr Shadreck Mlambo said the money would be used for the acquisition of a specially-formulated aerial spraying insecticide, fenthothion, and for hiring an aircraft from Agricair. He said although the national locust control committee was, by last year, fully equipped and prepared to fight any possible invasion, it had no aerial spraying chemicals. He said there were no reports of locust outbreaks in Zimbabwe since the start of the rainy season but Botswana was expecting some outbreaks during February and March and these posed a threat to Zimbabwe. Dr Mlambo said the national locust control committee was working together with the Food and Agricultural Organisation and a West German aid organisation, GDZ. A British organisation, Overseas Development Administration was considering donating some four-wheel drive vehicles for ground spraying. [Text] [Harare THE HERALD in English 30 Jan 87 p 11] /9317

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